

# **EXHIBIT B**

7/19/2011 10:11 AM

Store: 1

Sales Receipt #61081

Denny's Copy Stop

1509 S. Russell  
Missoula, MT 59801  
406-728-3363  
Fax: 406-728-7159  
[www.dennyscopystop.com](http://www.dennyscopystop.com)

Bill To: Milodragovich Law Offices  
Milodragovich Law Offices  
PO Box 4947  
Missoula, MT 59806-4947

Customer PO# 12135/2 Kaili

Item Name	Qty	Price	Ext Price
Save to DVD	1	\$20.00	\$20.00
		Subtotal:	\$20.00
TAXES		0 % Tax:	+ \$0.00
		RECEIPT TOTAL:	<b>\$20.00</b>

Account: \$20.00

Signature

**20.00**

I agree to pay above amount according to card  
issuer agreement (merchant agreement  
if credit voucher).

61081







**FedEx** US Airbill  
EXPRESS

FedEx  
Tracking  
Number

From Please print and sign here.  
Date **8/23/11**

Sender's FedEx  
Account Number

**1213-6770-0**

Recipient's Name  
**Chris Decker**

Phone **(406) 728-1455**

Company **MILDRAOVICH DALE ET AL**

Address **520 HIGH PARK WAY**

Dept/Room  
**Receptionist/Office**

City **MISSOULA**

State **MT** ZIP **59803-2237**

2 Your Internal Billing Reference **1213512**

DPN#  
**44**

3 To **Daniel Alzhumer MD** **307.1073-4689**

Recipient's Name  
**Capital Podiatry PLLC**

Company **1401 W 5th Street #314**

Recipient's Address  
**Dept/Room/Office**

City **Bozeman**

State **MT** ZIP **80740**

4 To express a package or hold at a specific FedEx location, print FedEx address here.

We cannot deliver to P.O. boxes or F.O. ZIP codes.

Address  
**Shenidan**

City **Wyoming**

State **WY** ZIP **82801**

5 Phone **0336968297**

6 Dept/Room/Office

7 Address  
**Receptionist**

City **Bozeman**

State **MT** ZIP **59775**

8 Address  
**Receptionist**

City **Bozeman**

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74 Address  
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75 Address  
**Receptionist**



2550 5th Avenue, 9th Floor  
San Diego, California 92103

## Invoice

Invoice #: QB1102  
Invoice Date: 12/15/2011  
Due Date: 12/30/2011

**Bill To:**

MILODRAGOVICH DALE  
Miva VanEngen  
620 High Park Way  
Missoula, MT 59806

Client Reference

Mann

Description	Rate	Hrs/Qty	Amount
Setup Fee	35.00		35.00
Scanning (615 b/w Images heavy litigation @.25 pp)	0.15	615.00	92.25
Oversize b/w scan (67 Images @2.50 per scan)	2.50	67.00	167.50
CD duplication	25.00		25.00
Rebinding	25.00		25.00

It's been a pleasure working with you! For your records our TIN# is 56-2602533.

**Total** \$344.75

**Balance Due** \$344.75

(Phone) 619.233.2030  
(Fax) 619.330.1956

web: [www.thorsnes.com](http://www.thorsnes.com)  
e-mail: [info@thorsnes.com](mailto:info@thorsnes.com)

1500

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/03

<input type="checkbox"/> PICA	MEDICARE	MEDICAID	TRICARE CHAMPUS	CHAMPVA	GROUP HEALTH PLAN	PECA	OT
<input type="checkbox"/> (Medicare #)	<input type="checkbox"/> (Medicaid #)	<input type="checkbox"/> (Sponsor's SSN)	<input type="checkbox"/> (Member ID#)	<input type="checkbox"/> (SSN or ID)	<input type="checkbox"/> (BSN)	<input checked="" type="checkbox"/> (ID)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM DD YY SEX 09 09 1900 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			
Mann David Kelly				6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			
5. PATIENT'S ADDRESS (No., Street) None				8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Student <input type="checkbox"/>			
CITY Missoula		STATE MT					
ZIP CODE 59801		TELEPHONE (Include Area Code) (406) 999-9999					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:  a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (ST)  c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. RESERVED FOR LOCAL USE			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.							
Signature On File				DATE 01/06/12			

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY 07 08 08	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY MM DD YY 176 NPI
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17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE MM DD YY 176 NPI
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19. RESERVED FOR LOCAL USE
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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)
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1. 1719 . 41 3. _____ 4. _____
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2. _____
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24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY 01 06 12 01 06 12 11	B. PLACE OF SERVICE EMG CPT/HCPGS 99080	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Usual Circumstances) MODIFIER	E. DIAGNOSIS PENTER 1	F. \$ CHARGES 1,000 00	G. DAYS OR UNITS 1	H. PAYOR Family Plan NPI	I. ID. QUA. 1043303167	J. RENDERING PROVIDER ID. # 810247705
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MILODRAGOVICH LAW FIRM  
PO BOX 4947

## CLIENT COSTS

FILE NO. 12352 ATTY: Chris

DATE REC'D. 1-25-12

OK TO PAY: YES 

REVIEWED BY:

PAID CK NO.:

FILED BY:

c. INSURANCE PLAN NAME OR PROGRAM NAME

Mlodragovich Law Firm

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?  
 YES  NO If yes, return to and complete Item 9-a-d.

e. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED Signature on File

f. DATE OF PATIENT UNABLE TO WORK IN CURRENT OCCUPATION  
FROM MM DD YY TO MM DD YYg. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES  
FROM MM DD YY TO MM DD YYh. OUTSIDE LAB? \$ CHARGES  
 YES  NO

i. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

j. PRIOR AUTHORIZATION NUMBER

k. F. \$ CHARGES G. DAYS OR UNITS H. PAYOR I. ID. QUA. J. RENDERING PROVIDER ID. #

l. 1,000 00 1 NPI 1043303167 810247705

m. NPI

n. NPI

o. NPI

p. NPI

q. NPI

r. NPI

s. NPI

t. WellCare  
2835 Fort Missoula Way Suite 203  
Missoula MT 59804-7424u. COMMUNITY MEDICAL CENTER  
PO Box 16900  
Missoula MT 59808-6900  
(406) 327-4620

v. 1548953519 810247705

1500

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CLIENT CODES  
121350 ATTY: Chris  
ATTY FEE  
RECEIVED  
DATE 1-25-12

<input type="checkbox"/> PICA 1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (SSN or ID) <input type="checkbox"/> (BSN) <input checked="" type="checkbox"/> IN											
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>Mann Elizabeth</b> 5. PATIENT'S ADDRESS (No., Street) <b>None</b> CITY <b>Missoula</b> STATE <b>MT</b> ZIP CODE <b>59801</b> TELEPHONE (Include Area Code) <b>(406) 999 9999</b>										3. PATIENT'S BIRTH DATE MM DD YY SEX <b>02 29 1960 M</b> 6. PATIENT RELATIONSHIP TO INSURED <b>Sel [X] Spouse [ ] Child [ ] Other [ ]</b> 8. PATIENT STATUS <b>Single [ ] Married [ ] Other [ ]</b> <b>Employed [ ] Full-Time [ ] Part-Time [ ]</b> <b>Student [ ]</b>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. OTHER INSURED'S POLICY OR GROUP NUMBER b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ] c. EMPLOYER'S NAME OR SCHOOL NAME d. INSURANCE PLAN NAME OR PROGRAM NAME	
11. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. <b>Signed Signature On File</b>										a. EMPLOYMENT? (CURRENT OR PREVIOUS) <b>[ ] YES <input checked="" type="checkbox"/> NO</b> b. AUTO ACCIDENT? PLACE (State) <b>[ ] YES <input checked="" type="checkbox"/> NO</b> c. OTHER ACCIDENT? <b>[ ] YES <input checked="" type="checkbox"/> NO</b> 10d. RESERVED FOR LOCAL USE	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.										b. INSURED'S DATE OF BIRTH MM DD YY SEX <b>02 29 1960 M</b> b. EMPLOYER'S NAME OR SCHOOL NAME <b>Milodragovich Law Firm</b> c. INSURANCE PLAN NAME OR PROGRAM NAME	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY <b>07 08 08</b>										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY <b>07 08 08</b>	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY										17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
18. RESERVED FOR LOCAL USE										19. OUTSIDE LAB \$ CHARGES <b>[ ] YES <input checked="" type="checkbox"/> NO</b>	
20. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)										21. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
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1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. <											

**ALAN WAXMAN, MD**  
9852 West Katella Avenue  
Suite 290  
Anaheim CA 92804

Phone: 714-530-2138 Fax: 714-530-2148  
RYNETTE@LAGNIAPPEACCT.COM

# Invoice

Invoice #: 10250  
Invoice Date: 1/31/2012  
Case:

**Bill To:**

MANN

Milodragovich,Dale,Steinbrenner & Nygren  
CHRIS DECKER  
620 High Park Way  
Po Box 4947  
Missoula MT 59806-4947

Date	Description	Hours	Rate	Fee
1/12/2012	Record Review	0.5	500.00	250.00
1/18/2012	Questions FOR HIPSKIND	1.5	500.00	750.00
1/18/2012	Report	1.5	500.00	750.00
1/19/2012	Report	2.5	500.00	1,250.00
1/21/2012	Phone Meeting with CHRIS DECKER AND DR. ALZHEIMER	1.5	500.00	750.00
1/25/2012	Phone Meeting with CHRIS DECKER AND DR. ALZHEIMER	0.75	500.00	375.00
1/26/2012	PowerPoint	3.5	500.00	1,750.00
1/28/2012	Phone Meeting with CHRIS DECKER AND DR. ALZHEIMER	1.5	500.00	750.00

**CUST. COSTS**

ITEM NO/2135/DATE: 1/31/12  
DATE REC'D: 1-3-12  
OK TO PAY: YES NO  
REVIEWED BY:  
PAID CK NO: U-16

**Total Due \$6,625.00**

**Interest charged at 1.5% monthly after 90 days.**

**Bill Rosen MD, P.C.**  
Tax ID # 20-3548328

Date 9/2/2011 Invoice # 2486

Name Mr. Christian T. Nygren  
Company Milodragovich, Dale, Steinbrenner, & Nygren PC  
Address P.O. Box 4947  
Missoula, MT 59806-4947

Re: Makenzie H. Mann (File # 12135/2)

Date	Description of Service	Hours	Charge
8/25/2011	Record review and phone conference with Mr. Gibbs (consult rate)	0.75	\$262.50
8/26/2011	Record review and phone conference with Mr. Gibbs and attorney (consult rate)	0.50	\$175.00
8/26/2011	Work and functional capacity questionnaire form input	1.00	\$575.00
Total			\$1,012.50

Please send your payment to:

Bill S. Rosen MD, P.C.  
P.O. Box 5124  
Missoula, MT 59806

CLIENT COSTS  
FILE NO/12-135/2 ATTY Chris  
DATE REC'D: 9-6-11  
OK TO PAY: YES NO  
REVIEWED BY:  
PAID CK NO: DATE  
RECEIVED BY:

If you should have any questions regarding your bill, please contact Katie at (406) 721-2344.

# ROCKY MOUNTAIN MAP GALLERY

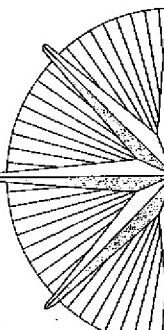
Kevin McCann

Owner / Cartographer

[www.rockymtnmaps.com](http://www.rockymtnmaps.com)

carto@montana.com  
Ph: 406-542-1541

1710 Brooks Street  
Missoula, Montana 59801



634157

CUSTOMER'S ORDER NO.	DEPARTMENT	DATE				
		1/12/12				
NAME	Christiane Nguyen - MDSN Atlys					
ADDRESS						
CITY, STATE, ZIP	Msla. MT -					
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT	MDSE RETD	PAID OUT
Kevin						
QUANTITY	DESCRIPTION		PRICE	AMOUNT		
1	1 - Aerial Photo			50.00		
2	Key Pt. Rd - Polson					
3						
4	Research address					
5						
6	ch# 32291					
7						
8						
9						
10	COST/OFFICE					
11	FILE NO. 1213512 ATTN: CTN					
12	DATE REC'D 1-12-12					
13	OK TO PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
14	GL# 1 AUTH BY MVA					
15	DATE TO PAY					
16						
17				50.00		
18						
RECEIVED BY:						

1/12/2012 1:56 PM  
Store: 1 Sales Receipt #66259

**Denny's Copy Stop**  
1509 S. Russell  
Missoula, MT 59801  
406-728-3363  
Fax: 406-728-7159  
[www.dennyscopystop.com](http://www.dennyscopystop.com)  
Bill To: Miodragovich Law Offices  
Miodragovich Law Offices  
PO Box 4947  
Missoula, MT 59806-4947

1/11/2012 4:19 PM  
Store: 1 Sales Receipt #66234

**Denny's Copy Stop**  
1509 S. Russell  
Missoula, MT 59801  
406-728-3363  
Fax: 406-728-7159  
[www.dennyscopystop.com](http://www.dennyscopystop.com)  
Bill To: Miodragovich Law Offices  
Miodragovich Law Offices  
PO Box 4947  
Missoula, MT 59806-4947

Customer PO# 12135/2 Miva  

Item Name	Qty	Price	Ext Price
Full Service Copies	326	\$0.06	\$19.56
Color Copies	98	\$0.80	\$78.40
Bindery over 1"	2	\$3.75	\$7.50
TAXES			\$105.46
Subtotal:			\$105.46
0 % Tax			* \$0.00
<b>RECEIPT TOTAL:</b>			<b>\$105.46</b>

Account: \$105.46

**\$105.46**

Signature  
I agree to pay above amount according to card  
Issuer agreement (merchant agreement  
if credit voucher).

66259

12135/2  

Customer PO#	Miva- Redman VAN 12		
Item Name	Qty	Price	Ext Price
Laser Prints Color	472	\$0.65	\$306.80
		Subtotal:	\$306.80
		TAXES	\$0.00
		RECEIPT TOTAL:	\$306.80

Account: \$306.80

**\$306.80**

Signature  
I agree to pay above amount according to card  
Issuer agreement (merchant agreement  
if credit voucher).

66234

1/20/2012 9:52 AM      Sales Receipt #66434  
Store: 1

**Denny's Copy Stop**

1509 S. Russell

Missoula, MT 59801

406-728-3363

Fax: 406-728-7159

[www.dennycopystop.com](http://www.dennycopystop.com)

**Bill To:** Milodragovich Law Offices  
Milodragovich Law Offices  
PO Box 4947  
Missoula, MT 59806-4947

Customer PO# 12135/2 Miva

Item Name	Qty	Price	Ext Price
Exhibit	1	\$105.00	\$105.00
Save to CD	1	\$7.50	\$7.50
		Subtotal:	\$112.50
TAXES		0 % Tax:	+ \$0.00
		<b>RECEIPT TOTAL:</b>	<b>\$112.50</b>

Account: \$112.50

Signature

3/168.75 ✓  
I agree to pay above amount according to card  
issuer agreement (merchant agreement  
if credit voucher).

66434

1213512

Ruth's Chris Steakhouse  
275 South West Temple St.  
Salt Lake City, UT 84101  
801-363-2000

Date: Jul26'11 08:08PM  
Card Type: Master Card  
Acct #: XXXXXXXXXXXX8744  
Card Entry: SWIPED  
Trans Type: PURCHASE  
Trans Key: AIA005540701231  
Auth Code: 02497Z  
Check: 5664  
Table: 64/1  
Check ID: 64 NYGREN  
Server: 52 Luis M

Subtotal: \$75.50

Gratuity: \_\_\_\_\_

Total : 75.50

Guest's Copy



Wide World of Travel  
P.O. Box 8387, Missoula, MT 59807

Phone: 406-721-4110  
Fax: 406-721-4114

12135/2

044543 DUPLICATE RECEIPT  
PAGE NO. 1  
PNR: 1P-3086MZ

BECKI ARCHIBALD  
MILODRAGOVICH DALE  
STEINBRENNER NYGREN  
P.O. BOX 4947  
MISSOULA MT 59806

NYGREN/CHRISTIAN

4067281455 22JUL11

\* ELECTRONIC TICKET \* POSITIVE IDENTIFICATION REQUIRED AT CHECK-IN  
\*\*REQUEST TERMS/CONDITIONS OF TRAVEL AND CARRIER LIABILITY NOTICES FROM  
TRAVEL AGENCY OR THE TRANSPORTING CARRIER.\*\*  
RESTRICTIONS-NONREF/PENALTY/APPLIES/  
ISSUED BY-WIDE WORLD OF TRAVEL MISSOULA MT

A TU 26JUL LV MISSOULA 620A DELTA 4552M OK.  
AR SALT LAKE CITY 747A 0STOP CRJ  
OPERATED BY SKYWEST DBA DELTA CONNECTION  
MILES 436 ELAPSED 1.27 COACH CLASS-M  
DL CONFO \*GZUCNB  
SEAT 02-C \*\*RESERVED\*\*  
NYGREN/CHRISTIAN

NOT VALID FOR TRAVEL-BEFORE 26JUL/AFTER 26JUL  
EXIT ROW AISLE SEATS WERE ALREADY ASSIGNED ON THIS FLIGHT

A WE 27JUL LV SALT LAKE CITY 520P DELTA 4564B OK  
AR MISSOULA 648P 0STOP CRJ  
OPERATED BY SKYWEST DBA DELTA CONNECTION  
MILES 436 ELAPSED 1.28 COACH CLASS-B  
DL CONFO \*GZUCNB  
SEAT 08-B \*\*RESERVED\*\*  
NYGREN/CHRISTIAN

NOT VALID FOR TRAVEL-BEFORE 27JUL/AFTER 27JUL

TICKET NUMBER(S): E0068693797891  
SERVICE FEE MO#: 8900538267469

AIR FARE	1144.18
TAX	107.22
TOTAL AIR FARE	1251.40
SERVICE FEE	40.00
AMOUNT CHARGED	1291.40

THIS AMOUNT WILL BE CHARGED TO CREDIT CARD: CA XXXX XXXX XXXX 8744

Becki A. Archibald

h@ri  
Chris' me

12135/2

From: Wide World of Travel <kamanacc@aol.com>  
Sent: Friday, September 02, 2011 1:48 PM  
To: Becki A. Archibald  
Subject: Proposed itinerary for Chris Nygren to San Diego - Sept. 14-17th



Wide World of Travel  
P.O. Box 8387, Missoula, MT 59807

Phone: 406-721-4110  
Fax: 406-721-4114

\$723.80

40

~~\$723.80~~  
\$763.80

ITINERARY  
PAGE NO. 1  
PNR: 1P-2GVQFA

388.40  
210.40  
+ 40.60  
639.80

BECKI ARCHIBALD  
MILODRAGOVICH DALE  
STEINBRENNER NYGREN  
P.O. BOX 4947  
MISSOULA MT 59806

NAME : NYGREN/CHRISTIAN

ACCOUNT NO. DATE  
4067281455

02SEP11

CO	DATE	CITY-AIRPORT	TIME	FLIGHT NBR/CLASS	ST
SERV/AMNT					
A	WE 14SEP	LV SPOKANE AR SEATTLE	930A 1035A	ALASKA AIR 2393M OK	0STOP

DH4  
OPERATED BY HORIZON AIR DBA ALASKA HORIZON  
MILES 223 ELAPSED 1.05 COACH CLASS-M  
AS CONFO \*MRJZGD  
SEAT ASSIGNMENT IS AIRPORT CHECK-IN FOR THIS FLIGHT

A	WE 14SEP	LV SEATTLE AR SAN DIEGO	1120A 157P	ALASKA AIR 472M OK	0STOP
---	----------	----------------------------	---------------	-----------------------	-------

739  
MILES 1050 ELAPSED 2.37 COACH CLASS-M  
AS CONFO \*MRJZGD  
SEAT ASSIGNMENT IS AIRPORT CHECK-IN FOR THIS FLIGHT  
ASK FOR A SEAT WHEN CHECKING IN FOR YOUR FLIGHT OUT OF SPOKANE

A	SA 17SEP	LV SAN DIEGO AR SALT LAKE CITY	615A 915A	DELTA 978U OK	0STOP
---	----------	-----------------------------------	--------------	------------------	-------

737  
MILES 626 ELAPSED 2.00 COACH CLASS-U  
DL CONFO \*G8SBY8  
SEAT 18-D \*\*RESERVED\*\*

NYGREN/CHRISTIAN

A SA 17SEP LV SALT LAKE CITY 950A DELTA 4540U OK  
AR MISSOULA 1121A 0STOP

CRJ

OPERATED BY SKYWEST DBA DELTA CONNECTION  
MILES 436 ELAPSED 1.31 COACH CLASS-U  
DL CONFO \*G8SBY8

SEAT 08-C \*\*RESERVED\*\*  
NYGREN/CHRISTIAN

FREQUENT FLYER NUMBERS

NYGREN/CHRISTIAN DL2096432972 AS32074044

THANK YOU FOR CHOOSING WIDE WORLD OF TRAVEL

(CO)DE: A-AIR H-HOTEL C-CAR T-TOUR S-SURFACE V-OTHER TRVL

SERVCS

(ST)ATUS:OK-CONFIRMED WL-WAITLIST RQ-REQUESTED NS-NO SEAT SA-STANDBY

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Salt Lake City Center

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Name & Address

NYGREN, CHRIS  
620 HIGH PARK WAY  
P O BOX 4947  
MISSOULA, MT 59806  
US

Room 1609/K1DKU1  
Arrival Date 7/26/2011 8:01:00AM  
Departure Date 7/27/2011  
Adult/Child 1/0  
Room Rate 189.00

1213512

RATE PLAN LV6

HH# 219946253 GOLD  
AL: DL #2096432972  
BONUS AL: CAR:

CONFIRMATION NUMBER : 3441712143

7/27/2011 PAGE 1

DATE	DESCRIPTION	ID	REF. NO.	CHARGES	CREDITS	BALANCE
7/26/2011	GUEST ROOM	KELSON	3852505	\$189.00		
7/26/2011	INNKEEPER LICENSE TAX 1.1%	KELSON	3852506	\$1.89		
7/26/2011	RM SALES TAX 6.92%	KELSON	3852505	\$13.08		
7/26/2011	RM OCCUPANCY TAX 4.80% BALANCE	KELSON	3852505	\$9.07		\$213.04

You have earned approximately 2362 Hilton HHonors points and  
approximately 500 Miles with Delta Air Lines for this stay. Visit [HHonors.com](http://HHonors.com)  
to check your point balance from stays at any of the 8,700 ho

Thank you for choosing Hilton! Book your next stay at [hilton.com](http://hilton.com) and take advantage of our Internet-only Advance Purchase Rates and limited-time special offers!

*Private Room*

ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT  
WHEN USING A DEBIT CARD: YOUR  
BANK WILL REMOVE FROM YOUR ACCOUNT THE ESTIMATED  
CHARGES FOR YOUR STAY; IT MAY BE LONGER DEPENDING  
ON YOUR BANK'S PRACTICES. IF YOU PREFER ANOTHER FORM  
OF PAYMENT, PLEASE LET US KNOW.

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

DATE OF CHARGE FOLIO NO./CHECK NO.  
690949 A

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

PAYMENT DUE UPON RECEIPT

*Folio*

The Hilton Family

Hilton

CONRAD

DOUBLETREE

EXECUTIVE SUITES

Hampton

Hilton Garden Inn

Hilton  
Grand Vacations Club

HOMEWOOD SUITES

U.S.A.  
Official Sponsor

1213512

EXPENSE VOUCHER \$35.00

Date 7/26/77 Amount \$35.00

Client/Case Hudson File # 121352

Description Taxi fare to and  
from Hotel & back

Flight 25.00, 217.80

Office \_\_\_\_\_ GL # \_\_\_\_\_

Description \_\_\_\_\_

Reimbursement X Firm Card \_\_\_\_\_

Signature Chris

Origin Wilson

Destination Drop off

Amount 10.80

Date 7/26/77

RECEIPT and/or CHARGE SLIP	Authorization #	Mileage
<p><b>YELLOW CAB</b> 735 South 600 West Salt Lake City, Utah 84101 Phone: 521-2100</p>		<p>\$2.25 FLAG DROP 20¢ Each 1/11 Mile 37¢ Min. Waiting Time</p>
Date <u>7/26/77</u>		
From <u>SLC Airport</u>		
To <u>Wilson - 5th &amp; Main</u>		
Cab. No.	Time	Waiting Time:
Driver		
Charge To		Tip \$ <u>3.00</u>
Signed or Received by:		Total Fare \$ <u>25.00</u>



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 Phone (310) 410-4000 • Fax (310) 410-6177  
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Name & Address

DEVRIES, MELISSA  
 PO BOX 4947

MISSOULA, MT 59806  
 US

Room 1620/K1T  
 Arrival Date 8/11/2011  
 Departure Date 8/12/2011  
 Adult/Child 1/0  
 Room Rate 249.99

9:40:00PM

RATE PLAN LVO

HH#  
 AL  
 BONUS AL CAR

Confirmation Number: 3438146183

8/12/2011 PAGE 1

DATE	DESCRIPTION	ID	REF. NO.	CHARGES	DRAITS	BALANCE
8/11/2011	GUEST ROOM	TYIL	10067753	\$249.99		
8/11/2011	ROOM OCCUPANCY TAX - RM	TYIL	10067753	\$35.00		
8/11/2011	CA TOURISM ASSESSMENT	TYIL	10067753	\$0.15		
8/11/2011	LA TOURISM ASSESSMENT FEE	TYIL	10067753	\$3.76		
<b>WILL BE SETTLED TO AX *2001</b>						\$288.80
<b>EFFECTIVE BALANCE OF</b>						\$0.00
ROOM & TAX				\$0.00		
DAILY TOTAL				\$0.00		
<i>Thank you for choosing Hilton! Book your next stay at <a href="http://hilton.com">hilton.com</a> and take advantage of our Internet-only Advance Purchase Rates and limited-time special offers!</i>						

### Zip-Out Check-Out®

- Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.
- \* Please review this statement. It is a record of your charges as of last evening.
  - \* For any charges after your account was prepared, you may:
    - pay at the time of purchase,
    - charge purchases to your account, then stop by the Front Desk for an updated statement,
    - or request an updated statement be mailed to you within two business days. Simply call the Front Desk from your room, and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.
  - \* Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FILE NO./CHECK NO. 219889 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

T  
 H  
 A  
 N  
 K  
 Y  
 O  
 U



Hilton  
Los Angeles Airport

5711 West Century Blvd. • Los Angeles, CA 90045  
Phone (310) 410-4000 • Fax (310) 410-6177  
Reservations  
[www.hilton.com](http://www.hilton.com) or 1-800-HILTONS

Name & Address

GOLDSTEIN, SAM  
230 S 500 E STE 100

SALT LAKE CITY, UT 84102-2048  
US

Room 1648/K1T  
Arrival Date 8/11/2011  
Departure Date 8/12/2011

Adult/Child 1/0  
Room Rate 249.99

9:37:00PM

RATE PLAN

LVO

HH# 722569365 SILVER  
AL DL #1001661058  
BONUS AL CAR

Confirmation Number : 3435796732

8/12/2011 PAGE 1

DATE	DESCRIPTION	ID	REF. NO.	CHARGES	CREDITS	BALANCE
8/11/2011	HIGH SPEED INTERNET	LINTR	10087045	\$12.95		
8/11/2011	GUEST ROOM	TYIL	10087766	\$249.99		
8/11/2011	ROOM OCCUPANCY TAX - RM	TYIL	10087768	\$35.00		
8/11/2011	CA TOURISM ASSESSMENT	TYIL	10087769	\$0.16		
8/11/2011	LA TOURISM ASSESSMENT FEE	TYIL	10087766	\$3.75		
WILL BE SETTLED TO AX *2001						\$301.84
EFFECTIVE BALANCE OF						\$0.00
ROOM & TAX						
DAILY TOTAL	\$0.00					
<i>Thank you for choosing Hilton! Book your next stay at <a href="http://hilton.com">hilton.com</a> and take advantage of our internet-only Advance Purchase Rates and limited-time special offers!</i>						

### Zip-Out Check-Out®

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out®, there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - pay at the time of purchase,
  - charge purchases to your account, then stop by the Front Desk for an updated statement.

• or request an updated statement be mailed to you within two business days. Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.

Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	POJO NO./CHK NO. 2196042 A
AUTHORIZATION	
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

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Your purchase is complete. Thank you for choosing Delta.

Flight Confirmation Number: G42XYO

Enjoy improved benefits to help speed you through the airport including faster check-in, our highest boarding priority, expedited baggage service, and more.

#### What's Next?

Now that you've finished booking your trip:

- Your eTicket receipt(s) and confirmation have been sent to ram@ramgoldstein.com.
- Delta Messenger will send flight updates based on the contact preferences in your profile. [Subscribe/edit your contact preferences now.](#)
- Check in for your flight, choose your seats, purchase Economy Comfort seating and more by managing your Itinerary online.
- Add Trip Protector to protect against trip cancellations and interruptions with Access America.

[Get Notifications](#) [Add to Calendar](#) [Add Trip Services & Activities](#)

Outbound Thu, 11 Aug 2011								Show Details
8:16pm	SLC	9:37pm	LAX	Nonstop	2 hr 07 min	Delta 1211	Economy (K)	
Return Fri, 12 Aug 2011								
4:34pm	LAX	7:05pm	SLC	Nonstop	1 hr 31 min	Delta 2004	Economy (K)	

In-Flight services and amenities may vary and are subject to change.



Ticket price per passenger (including taxes/fees): \$173.40 (USD)

Book with confidence. See Delta's Best Fare Guarantee.

Miles earned = 3180  
MQM earned = 1180 (details)

[View terms/fees policies](#)

[View change/cancellation policies](#)

[View farebasis policies](#)

This ticket is refundable, fees may apply.

Passenger	From	To	Seat Assignment	Special Services (e.g. Wheelchair)
Dr. Samuel Jack Goldstein Skymiles # 1001581058 Diamond / Elite Plus	Salt Lake City, UT (SLC)	Los Angeles, CA (LAX)	21A Change Seats	<a href="#">Add/Edit</a>
	Los Angeles, CA (LAX)	Salt Lake City, UT (SLC)	21C Change Seats	<a href="#">Add/Edit</a>
Dr. Nelson Devries	Salt Lake City, UT (SLC)	Los Angeles, CA (LAX)	21F Change Seats	<a href="#">Add/Edit</a>
	Los Angeles, CA (LAX)	Salt Lake City, UT (SLC)	21D Change Seats	<a href="#">Add/Edit</a>

#### Passenger Information

##### Contact

Telephone numbers: 801-560-7595 (Home), 801-592-1404 (Business)

##### Billing Information

[\[-\] Feedback](#)

Payment Type: American Express, VISA/MasterCard  
 Payee: Dr. Samuel Jack Goldstein  
 230 S 900 E Ste 100  
 Salt Lake City, UT 84102, United States

Travel may be on other airlines.  
 Terms and conditions apply to all offers and  
 SkyMiles benefits. See specific offer for details,  
 and visit SkyMiles Membership Guide & Programs  
 Rules.

\*Subject to government approval.

Price per Passenger						
Pass	U.S. Tax(es)	Base Fare	Taxes/Fees	Subtotal	# of Pass	Total Price of Ticket(s)
\$420.46 (USD)	\$31.84 (USD)	\$452.00 (USD)	\$21.40 (USD)	\$473.40 (USD)	2	\$946.80 (USD)
<a href="#">View fare rules</a>						
<a href="#">View Taxes/ Fees</a>						

#### Total Amounts Charged

Flight: \$946.80 (USD)

Total amount charged (including taxes/fees): \$946.80 (USD)

#### A Greener Way to Fly

Delta Air Lines has partnered with The Nature Conservancy® to help you offset your carbon footprint for this trip and offer you other ways to sustain our environment.



483803

RECEIVE: I PPT

SLC International Airport  
Central Parking System  
SLC, Box 28010  
Salt Lake City, UT 84122  
  
Design: Exter 808 (on 808)  
Audit#:

in: 08/11/11 18:38:38  
out: 08/12/11 00:49:47

Amount to pay \$ 10.00  
American Express  
XXXX XXXXX XXXX 0001

483807

RECEIPT

SLC International Airport  
Central Parking System  
PO. Box 28010  
Salt Lake City, UT 84122  
Date: ExVer 808 (on 808)  
Audit#:

in: 08/11/11 18:39:48  
out: 08/18/11 20:50:32

Amount to Pay \$ 10.00  
American Express  
XXXX XXXXX XXXX

== BISTRO DELI ==	HINSHUST	DICK CLARK'S BANDSTAND
HILTON L.A. AIRPORT AND TOWERS	SALT LAKE CITY INT'L AIRPORT	
5711 WEST CENTURY BOULEVARD		
LOS ANGELES, CALIFORNIA		
(310) 410-4000		
CHECK: 6 6 2 1		
SERVER: 22 EDGAR		
DATE: 12AUG'11 12:28		
CARD TYPE: ANEX		
ACCT #: XXXXXXXX2001		
EXP DATE: XXXX		
AUTH CODE: 502650		
SAM GOLDSTEIN		
SUBTOTAL:		24 . 36
GRATUITY		0 . 00
TOTAL:		24 . 36
TIP:		0 . 00
TOTAL:		24 . 36
TOTAL:		16 . 00
TOTAL:		16 . 00

I AGREE TO PAY THE ABOVE AMOUNT  
IN ACCORDANCE WITH THE CARD  
ISSUER'S AGREEMENT.

SIGNATURES

## ***Bill-To Invoice***

DOLLAR RENT A CAR  
MISSOULA  
1905 WEST BROADWAY  
MISSOULA, MT 59808  
PH: (406) 542-2311  
FAX: (406) 721-5683

MILODRAGOVICH DALLE STEINBRENNER & NYGREN  
ATTN: MARIA  
P O BOX 4947

MISSOULA, MT 59806  
(406) 728-1455  
Company Number : 10469

R & NYG  
ENTERED

Date : 08/31/2011

Invoice Date: 08/31/2011

MILODRAGOVICH DALLE STEINBRENNER & NYG, MILODF  
P O BOX 4947

MISSOULA, MT 59806

(406) 728-1455

Policy #:

**Claim #:**

Date Of Loss

PO Number:

RU Number : Agreement Number : MFG-13204

VIN Number	Vehicle Type	Vehicle Plate	Date Rented	Date Returned
1G2ZA5E03A4162763	2010 PONTIAC G6	460692A	08/24/2011 06:00 PM	08/25/2011 06:44 PM
1	Day(s) @ \$45.00	= \$45.00	0	Day(s) @ \$0.00 = \$0.00
0	Day(s) @ \$0.00	= \$0.00	0	Weekend @ \$0.00 = \$0.00
0	Day(s) @ \$0.00	= \$0.00	0	Week(s) @ \$0.00 = \$0.00
0	Day(s) @ \$0.00	= \$0.00	0	Month(s) @ \$0.00 = \$0.00

Rental Period : 1 day(s)

## **STATEMENT OF CHARGES**

Rate Charge :	\$45.00
Mi/Km Charge :	\$0.00
Late Charge :	\$0.00
Surcharge Charge :	\$1.89
Fuel Charge :	\$0.00
Damage Waiver :	\$16.95
Personal Insurance :	\$0.00
Liability Insurance :	\$0.00
Renter's Liability :	\$0.00
Additional Driver :	\$0.00
Under Age :	\$0.00
Out of Area :	\$0.00
Foreign Drop :	\$0.00
Upgrade :	\$0.00
Other Charges :	\$0.00

Interest Charge :	\$0.00
Subtotal :	\$63.84
	\$0.00
Airport/Admin :	\$0.00
Rental Car Tax :	\$1.80
	\$0.00
	\$0.00
Total Charges :	\$65.64
Company Authorized :	\$65.64
Company Payments :	\$0.00
Net Due From Company :	\$65.64

Please Make Check Payable To and Remit To :

DOLLAR RENT A CAR  
1905 WEST BROADWAY

MISSOULA, MT 59808

COSTS OFFICE	
FILE NO. <u>1213512</u>	ATTY: <u>Chris D</u>
DATE F. <u>9/2/11</u>	
OK TO PAY: <u>YES</u>	<u>NO</u>
REF ID: <u>12345</u>	
PAY DATE: <u> </u>	DATE: <u> </u>
FILED BY: <u> </u>	

**DUE UPON RECEIPT**

Agreement Number : MSO-13201  
MILODRAGOVICH DALLE STEINBRENNER & NY

Please Pay This Amount : \$65.64

Rental Location  AT A CAR BROADWAY MT 59808 (406) 542-2311 Fax: (406) 721-5683	Vehicle Information  RENTAL IN	Rental Expires On 08/26/2011 08:00 AM	Rental Agreement Number MSO-13201
Car To Be Returned To Above Unless Stated Below			
<b>*UNIT DETAILS*</b> Unit#: I404J Model: 2010 G6 Color: BLACK License#: 460692A VIN#: 1G2ZA5E03A4162763 Miles In: 34700 Miles Out: 33975			
<b>**CHARGE SUMMARY**</b> Total Miles Allowed: 0 Fuel Out: Full Fuel In: Full			
Miles Unlimited Hours: @ \$4.00 1 Day(s) @ \$45.00 \$45.00			
<b>EST TIME &amp; MILEAGE:</b> \$45.00			
Fuel @ \$5.00 / Gal. Airport/Admin @ 6.00% \$0.00 Rental Car Tax @ 4.00% \$1.80 Surcharge @ \$1.89 /Day \$1.89			
<b>OTHER CHARGES:</b> 1 CDW1 @ \$16.95 /Day \$16.95			
<b>Customer Information</b> <b>MILODRAGOVICH DALLE STEINBRENNER &amp; NYG MILODRAGOVICH DALLE STEINBRENNER &amp; NYG</b> P O BOX 4947 MISSOULA MT 59806 License: DOB: 05/05/1950 Expires: 01/01/2012 Home Phone Work Phone Cell Phone (406) 728-1455 (406) 728-1455 Phone Local Address Insurance Co: SAFECO <b>Additional Driver</b> CHRISTOPHER DECKER Address: 620 HIGH PARK WAY MISSOULA MT 59803 License: DOB: 12/02/1982 Expires: 12/02/2011 Checked Out By: COREY Checked In By: JIM			

#### MONTANA - NOTICE TO RENTERS

#### FAILURE TO RETURN VEHICLE

If you purposely and knowingly fail to return the rental vehicle within 48 hours of the due date and time provided for in this agreement, without notice to the Company and without the company's permission, you will have committed the offense of failure to return rented or leased personal property. If convicted of this offense, you shall be imprisoned in the state prison for a term not to exceed 10 years.

These terms supersede any conflicting terms stated elsewhere.

#### PAYMENT SUMMARY

Close Payments:

#### DUE FROM COMPANY

MILODRAGOVICH DALLE STEINBRENNER & NYG	DUE FROM RENTER:	\$65.64
AMT:	NET DUE FROM CO:	\$0.00
	REFUNDS:	\$65.64

TOTAL CHARGES: \$65.64

RENTER PAYMENTS: \$0.00

DUE FROM RENTER: \$0.00

NET DUE FROM CO: \$65.64

Deposit Payments:

Rental Agreement is between the undersigned and the company identified above (the "Company"). By signature below, the undersigned acknowledges and represents that they are legally authorized to operate the rental vehicle by valid driver's license, and that they have read and agree to the terms, and conditions and notices, both printed and in, including the Loss Damage Waiver information, that appear on this Rental statement and on the separate rental jacket (the "Agreement"), which is incorporated herein. THE UNDERSIGNED AUTHORIZES THE COMPANY TO PROCESS A CHARGE TO THEIR CREDIT, DEBIT OR CHARGE CARD IN THE AMOUNT SPECIFIED ABOVE FOR THIS RENTAL UPON SIGNATURE BELOW AND FOR ALL ADDITIONAL CHARGES DUE UPON RETURN OF THE VEHICLE.

ALL CHARGES SUBJECT TO AUDIT.

Additional drivers are permitted without the Company's approval.

RENTER X ADDITIONAL DRIVER

1213512

ENTERPRISE

RA 119246840 Inv 0  
Rental 14-SEP-2011 02:25 PM  
SAN DIEGO INTL APRT CRCF  
Return 17-SEP-2011 04:35 AM  
SAN DIEGO INTL APRT CRCF

CHRISTIAN NYGREN  
Vehicle # B1415221  
Model MAZDA3 4DR  
Class Driven 1CAR Class Charged 1CAR  
License# BNTW455 State/Province CA  
M/Kms Driven 138  
M/Kms Out 17980  
M/Kms In 18118

Charges	No	Unit	Price	Amount
FSO	1	Rental	54.91	54.91*
T & M	3	Days	30.48	91.44*
UNLIM M/KM	0	M/Kms		0.00*
CUSTOMER FACILITY CHG				10.00
CONCESSION RECOUP FEE				16.33*
VLF				0.66
TOURISH				2.61
SALES TAX @7.750 %				8.35
FUEL SALES TAX @2.750 %				1.51

Total Charges USD 185.81

Deposit MC 8744

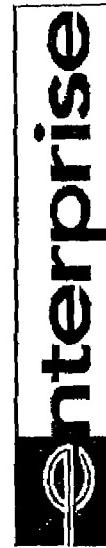
Amount Due USD 185.81

\* Taxable items

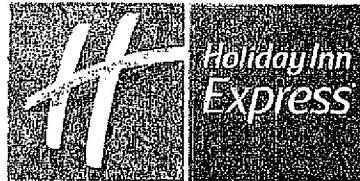
Subject to Audit

Your loyalty number is 706341156

For Reservations: 1-800-RENT-A-CAR



1213512



09-16-11

Chris Nygren 2112 Humble Rd States Missoula MT 59804 US	Folio No. : 26630 A/R Number : Group Code : Company : milodragovich dale stein Membership No. : Invoice No. :	Room No. : 111 Arrival : 09-14-11 Departure : 09-16-11 Conf. No. : 66071131 Rate Code : IMGOV Page No. : 1 of 1
---	--	--

Date	Description	Charges	Credits
09-14-11	*Accommodation	94.00	
09-14-11	City Tax - Room	9.44	
09-15-11	Photocopies	6.50	
09-15-11	Meeting Room Rental	100.00	
09-15-11	*Accommodation	94.00	
09-15-11	City Tax - Room	9.44	
09-16-11	MasterCard XXXXXXXXXXXX8744	313.38	
	<b>Total</b>	<b>313.38</b>	<b>313.38</b>
	<b>Balance</b>	<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the Issuer.



2576 Laning Road • San Diego, CA 92106  
 Phone (619) 222-0500 • Fax (619) 222-0600  
 Reservations

[www.sandiegoairport.homewoodsuites.com](http://www.sandiegoairport.homewoodsuites.com) or 1-800-CALL-HOME ®

Name & Address

NYGREN, CHRIS  
 620 HIGH PARK WAY  
 P O BOX 4947  
 MISSOULA, MT 59806  
 US

1213512

Suite	357/KHBN
Arrival Date	9/16/2011
Departure Date	9/17/2011
Adult/Child	1/0
Room Rate	\$185.00

RATE PLAN LVO  
 HH# 219946253 GOLD  
 AL DL #2096432972  
 BONUS AL CAR

Confirmation: 85428647

9/17/2011 PAGE 1

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DATE	REFERENCE	DESCRIPTION	AMOUNT
9/16/2011	488803	GUEST ROOM	\$185.00
9/16/2011	488803	ROOM TAX	\$19.43
9/16/2011	488803	SAN DIEGO TOURISM ASSESSMENT	\$3.70
		WILL BE SETTLED TO MC #8744 EFFECTIVE BALANCE OF	\$208.13 \$0.00
 <b>HILTON HHONORS®</b> Points & Miles®			
You have earned approximately 2312 Hilton HHonors points and approximately 100 Miles with Delta Air Lines for this stay. Visit <a href="http://HHonors.com">HHonors.com</a> to check your point balance from stays at any of the 3,700+ hotels.			

### EXPRESS CHECK-OUT

Good Morning! We hope you enjoyed your stay. With Express Check-Out there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
  - For any charges after your account was prepared, you may:
    - + pay at the time of purchase.
    - + charge purchases to your account, then stop by the Front Desk for an updated statement.
    - + request an updated statement be mailed to you within two business days.
- Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room.
- Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	100289 INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00



1213512

*Holiday Inn*

09-14-11

**Chris Nygren  
Po Box 4947  
Missoula Mt  
Missoula MT 59806  
US**

Folio No. :  
A/R Number :  
Group Code :  
Company :  
Membership No. :  
Invoice No. :

Room No. : 127  
Arrival : 09-13-11  
Departure : 09-14-11  
Conf. No. : 66499099  
Rate Code : IGCOR  
Page No. : 1 of 1

Date	Description	Charges	Credits
09-13-11	*Accommodation	149.00	
09-13-11	Lodging Tax	2.98	
09-13-11	County Tourism Promotion	2.00	
09-13-11	Sales Tax	12.96	
09-14-11	MasterCard		166.94
	Total	166.94	166.94
	Balance	0.00	

**Guest Signature:**

I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the Issuer. Reviews of your stay are important to us and to prospective guests. After your stay, please take a moment to write a review of our hotel at [www.tripadvisor.com](http://www.tripadvisor.com).



Wide World of Travel  
P.O. Box 8387, Missoula, MT 59807

Phone: 406-721-4110  
Fax: 406-721-4114

Chris MC  
12135/2

044828 DUPLICATE RECEIPT  
PAGE NO. 1  
PNR: 1P-OSWGR2

\$ 1223.40  
+ 40.00

BECKI ARCHIBALD  
MILODRAGOVICH DALE  
STEINBRENNER NYGREN  
P.O. BOX 4947  
MISSOULA MT 59806

NYGREN/CHRISTIAN

4067281455 21OCT11

\* ELECTRONIC TICKET \* POSITIVE IDENTIFICATION REQUIRED AT CHECK-IN  
\*\*REQUEST TERMS/CONDITIONS OF TRAVEL AND CARRIER LIABILITY NOTICES FROM  
TRAVEL AGENCY OR THE TRANSPORTING CARRIER;\*\*  
RESTRICTIONS-NONREF/PENALTY/APPLIES/  
ISSUED BY-WIDE WORLD OF TRAVEL MISSOULA MT

A MO 31OCT LV MISSOULA 106P DELTA 4632M OK  
AR SALT LAKE CITY 230P 0STOP CRJ  
OPERATED BY SKYWEST DBA DELTA CONNECTION  
MILES 436 ELAPSED 1.24 COACH CLASS-M  
DL CONFO \*HJYJGJ

SEAT 08-C \*\*RESERVED\*\*  
NYGREN/CHRISTIAN

NOT VALID FOR TRAVEL-BEFORE 31OCT/AFTER 31OCT

C MO 31OCT HERTZ CONF0-F2691785962  
SALT LAKE CITY IN-TERMINAL PICKUP-31OCT MON/DL4632-1430  
775 NORTH TERMINAL DRIVE  
SALT LAKE CITY UTAH RETURN-02NOV WED/1430  
PHONE-801.575.2683  
RATE-(GUARANTEED) USD 29.75 DAILY UNLIMITED MILEAGE  
EXTRA HOUR CHARGE 14.87 UNLIMITED MILEAGE  
APPROX TTL USD89.04 INC TAX-OTH CHGS.  
1 INTERMEDIATE CAR  
CORPORATE ID-1616331

A WE 02NOV LV SALT LAKE CITY 330P DELTA 4764M OK  
AR MISSOULA 501P 0STOP CRJ  
OPERATED BY SKYWEST DBA DELTA CONNECTION  
MILES 436 ELAPSED 1.31 COACH CLASS-M  
DL CONFO \*HJYJGJ

SEAT 08-C \*\*RESERVED\*\*  
NYGREN/CHRISTIAN

NOT VALID FOR TRAVEL-BEFORE 02NOV/AFTER 02NOV

TICKET NUMBER(S) : E0068704440688

SERVICE FEE MCO: 8900563052349

AIR FARE	1118.14
TAX	105.26
TOTAL AIR FARE	1223.40
SERVICE FEE	40.00
AMOUNT CHARGED	1263.40

THIS AMOUNT WILL BE CHARGED TO CREDIT CARD: CA XXXX XXXX XXXX 8744

TICKET IS NON-REFUNDABLE WITH A PENALTY FOR CHANGES  
PLEASE ADVISE AIRLINE OF CANCELLATIONS PRIOR TO YOUR FIRST FLIGHT  
CREDIT CARD STATEMENTS WILL REFLECT TWO CHARGES -  
THE TICKET PRICE AND THE AGENCY SERVICE FEE  
PLEASE CHECK IN 90 MINUTES PRIOR TO YOUR FLIGHT TIMES  
AND RECONFIRM YOUR RETURN FLIGHTS  
YOUR TICKET HAS BEEN PROCESSED ELECTRONICALLY  
PRESENT YOUR PHOTO IDENTIFICATION AT THE AIRLINE  
COUNTER UPON CHECK-IN TO CLAIM  
YOUR TRAVEL ITINERARY CAN BE VIEWED BY LOGGING ON TO  
MYTRIPANDMORE.COM AND ENTERING YOUR WORLDSPAN RECORD  
LOCATOR FOR THIS TRIP WHICH IS OSWGR2  
THANK YOU FOR YOUR BUSINESS - HAVE A GREAT TRIP - TRACY ENGEN

FREQUENT FLYER NUMBERS  
NYGREN/CHRISTIAN DL2096432972

THANK YOU FOR CHOOSING WIDE WORLD OF TRAVEL

---

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SALT LAKE CITY INTL AP

RR 121603646 #01

CHRISTIAN

NYGREN

VEHICLE: 01697/1528363

10WZAB LIC: TX-BT7C577

CDP: 1616331-PREFERRED GROUP

RES: F2691785962 / JLVD / C

COMPLETED BY: 3617/UTSAL11

RENTED: SALT LAKE CITY INTL AP

RENTAL: 10/31/11 14:45

RETURN: 11/02/11 13:46

RETURNED: SALT LAKE CITY INTL AP

PLAN IN: JLVD RATE CLASS: C  
PLAN OUT: JLVD

MILES IN: 31959 TR-X MILES

MILES OUT: 31895 MILES ALLOWED

MILES DRIVEN: 64 MILES CHARGED

DAYS	2 @ \$	35.00 / DAY	\$	70.00
DISCOUNT -	R 15 %		\$	10.50
CONCESSION FEE			T\$	59.50
LDW	DECLINED		T\$	8.71
LIS	DECLINED			
PAI, PEC	DECLINED			
FUEL & SVC \$ .387/MI	\$ 9.29/GL	\$	24.77	
CUST FAC CHG		T\$	8.00	
ENERGY SURCHARGE		T\$	1.03	
VEHICLE LICENSE COST RECOVERY		T\$	1.76	
TAX 16.350% ON	79.00	\$	12.92	
NET DUE		\$	116.69	

PAID BY MC XXXXXXXXXXXX8744

HOW WAS YOUR EXPERIENCE?  
WE'D LIKE YOUR FEEDBACK.

- 1) Call 1-800-278-1595, or  
Visit [WWW.HERTZSURVEY.COM](http://WWW.HERTZSURVEY.COM)
- 2) Enter Access Code: 02170
- 3) Take Brief 4 Question Survey

QUESTION?  
Visit [WWW.HERTZ.COM](http://WWW.HERTZ.COM) or  
Call 1-800-654-4173

THANK YOU FOR RENTING FROM

HERTZ

12135|2

Chris Nygren  
PO BOX 4947  
Missoula, MT 59806

*The*  
**GRAND**  
**AMERICA**  
*Hotel*

11-02-11

Room No. : 1678  
Arrival : 10-31-11  
Departure : 11-02-11  
Page No. : 1 of 1  
Folio No. : 583838  
Conf. No. : 3665579  
Cashier No. : 421  
User ID : NSOLANO  
Invoice No. :

**INVOICE**

Membership No. :  
A/R Number :  
Group Code :  
Company Name :

Date	Description	Additional Information	Charges	Credits
10-31-11	Garden Cafe Dinner	Room# 1678 : CHECK# 4130	41.00	
10-31-11	Room Charge		259.00	
10-31-11	Taxes Room Tax		14.89	
10-31-11	Taxes State Sales Tax		17.74	
11-01-11	Room Charge		259.00	
11-01-11	Taxes Room Tax		14.89	
11-01-11	Taxes State Sales Tax		17.74	
11-02-11	Mastercard Payment			624.26

XXXXXXXXXXXX8744 XX/XX

Total	624.26	624.26
Balance		0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges.

Guest Signature: \_\_\_\_\_

Rental Location	Vehicle Information	Rental Expires On	Rental Agreement Number
DOLLAR RENT A CAR 1905 WEST BROADWAY MISSOULA MT 59808 Phone: (406) 542-2311 Fax: (406) 721-5683	<b>RENTAL IN</b>  <b>*UNIT DETAILS*</b>  Unit#: BI708J Model: 2010 FORESTER Color: MAROON License#: 461705A VIN#: JF2SH6CC1AH789872 Miles In: 24657 Miles Out: 24420	11/29/2011 05:00 PM	MSO-14440
Car To Be Returned To Above Unless Stated Below		Repair Order: Claim: Purchase Order: DATE/TIME IN: 11/29/2011 03:47 PM DATE/TIME OUT: 11/28/2011 04:30 PM DEPOSITS: \$0.00 MILES FREE: UNLIMITED MILES	
Customer Information		<b>**CHARGE SUMMARY**</b> Miles Unlimited Hours @ \$15.00 1 Day(s) @ \$65.00 \$65.00	
MILODRAGOVICH DALLE STEINBRENNER & NYG MILODRAGOVICH DALLE STEINBRENNER & NYG P O BOX 4947 MISSOULA MT 59806	Total Miles Allowed: 0 Fuel Out: Full Fuel In: Full	EST TIME & MILEAGE: \$65.00	
License: 4 DOB: 05/05/1950 Expires: 01/01/2024 MT Home Phone (406) 728-1455 Work Phone (406) 728-1455 Cell Phone Local Address Phone		Fuel @ \$5.00 / Gal.	
Insurance Co: SAFECO Additional Driver CHRISTOPHER DECKER Address: 620 HIGH PARK WAY MISSOULA MT 59803		Airport/Admin @ 6.00% \$0.00 Rental Car Tax @ 4.00% \$2.60 Surcharge @ \$1.89 /Day \$1.89	OTHER CHARGES:
License: 1201819824102 DOB: 12/02/1982 Expires: 12/02/2011 Checked Out By: Brad Checked In By: ANNA			

#### MONTANA - NOTICE TO RENTERS

#### FAILURE TO RETURN VEHICLE

If you purposely and knowingly fail to return the rental vehicle within 48 hours of the due date and time provided for in this agreement, without notice to the Company and without the company's permission, you will have committed the offense of failure to return rented or leased personal property. If convicted of this offense, you shall be imprisoned in the state prison for a term not to exceed 10 years.

These terms supersede any conflicting terms stated elsewhere.

#### PAYMENT SUMMARY

Close Payments:

#### DUE FROM COMPANY

MILODRAGOVICH DALLE STEINBRENNER & NYG  
AMT: \$69.49

TOTAL CHARGES: \$69.49

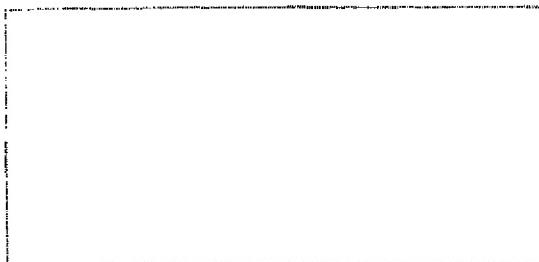
RENTER PAYMENTS: \$0.00

DUE FROM RENTER: \$0.00

NET DUE FROM CO: \$69.49

REFUNDS:

Deposit Payments:



The Rental Agreement is between the undersigned and the company identified above (the "Company"). By signature below, the undersigned acknowledges and represents that they are legally authorized to operate the rental vehicle by valid driver's license, and that they have read and agree to the terms, and conditions and notices, both printed and written, including the Loss Damage Waiver Information, that appear on this Rental statement and on the separate rental jacket (the "Agreement"), which is incorporated herein. THE UNDERSIGNED AUTHORIZE THE COMPANY TO PROCESS A CHARGE TO THEIR CREDIT, DEBIT OR CHARGE CARD IN THE AMOUNT SPECIFIED ABOVE FOR THIS RENTAL UPON SIGNATURE BELOW AND FOR ALL ADDITIONAL CHARGES DUE UPON RETURN OF THE VEHICLE.

ALL CHARGES SUBJECT TO AUDIT.

No additional drivers are permitted without the Company's approval.

X \_\_\_\_\_ RENTER X \_\_\_\_\_ ADDITIONAL DRIVER



2465 Grant Road • Billings, MT 59102  
 Phone (406) 655-8800 • Fax (406) 655-8802  
 Reservations  
[www.billings.HGI.com](http://www.billings.HGI.com) or 1 877 STAY HGI

Name & Address

NYGREN, CHRIS  
 620 HIGH PARK WAY  
 P O BOX 4947  
 MISSOULA, MT 59806  
 US

Room 424/K1RZ  
 Arrival Date 11/21/2011  
 Departure Date 11/22/2011  
 Adult/Child 1/0  
 Room Rate 139.00

RATE PLAN L-AA

HH# 219946253 GOLD  
 AL DL #2096432972  
 BONUS AL CAR

Confirmation Number : 3448875499

11/22/2011 PAGE 1

DATE	DESCRIPTION	ID	REF. NO.	CHARGES	CREDITS	BALANCE
11/21/2011	GUEST ROOM	CJB	508879	\$139.00		
11/21/2011	TRM-STATE TAX	CJB	508879	\$9.73		
11/21/2011	TRM-TBID TAX	CJB	508879	\$1.00		
	WILL BE SETTLED TO MC *8744					\$149.73
	EFFECTIVE BALANCE OF					\$0.00
	Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings for this or any other stay at more than 3,000 Hilton Family hotels worldwide, please visit <a href="http://HiltonHHonors.com">HiltonHHonors.com</a> .					
	Hilton Garden Inn is opening locations all over the world. Look for us in Canada, Costa Rica, Germany, India, Italy, Mexico, Saudi Arabia, Turkey, United Kingdom and throughout the USA. <a href="http://www.hgi.com">www.hgi.com</a>					

### Zip-Out Check-Out®

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - + pay at the time of purchase.
  - + charge purchases to your account, then stop by the Front Desk for an updated statement.

+ or request an updated statement be mailed to you within two business days.

If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHBCK NO. 130914 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

PAYMENT DUE UPON RECEIPT

T  
 H  
 A  
 N  
 K  
 Y  
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 U



12/13S/2  
Hotel - Colvin  
JEP

Room: 135 A  
DECKER, CHRIS  
PO BOX 4947  
MISSOULA MT  
59806

Payment: MASTERCARD  
1A, 0K, 0B Guest  
CO  
November 28, 2011  
November 29, 2011  
110N0P

BWR Tier: GCCI  
BWR Number:  
6006637393790712

Date	Trans	Room	Comment	Debit	Credit	Balance
Nov28'11	ROOM	135		152.10		152.10
Nov28'11	TAX	135		10.65		162.75
Nov28'11	TOURISM FEE	135		1.00		163.75
Balance due at checkout						163.75

X

Guest Signature

BEST WESTERN PREMIER Helena Great Northern Hotel  
835 Great Northern Boulevard, Helena MT 59601  
Phone: (406) 457-5500 \* Fax: (406) 457-5501  
[www.gnhotelhelena.com](http://www.gnhotelhelena.com)

Each Best Western branded hotel is independently owned and operated.

# Bill-To Invoice

Date : 12/07/2011

DOLLAR RENT A CAR  
MISSOULA  
1905 WEST BROADWAY  
MISSOULA, MT 59808  
PH: (406) 542-2311  
FAX: (406) 721-5683

Invoce Date: 12/07/2011

MILODRAGOVICH DALLE STEINBRENNER & NYG, MIL  
P O BOX 4947

MILODRAGOVICH DALLE STEINBRENNER & NYG

ATTN: MARIA  
P O BOX 4947

MISSOULA, MT 59806  
(406) 728-1455  
Company Number : 10469

MISSOULA, MT 59806

(406) 728-1455

Policy #:

Claim #:

Date Of Loss :

PO Number :

RO Number :

Agreement Number : MSO-14440

VIN Number	Vehicle Type	Vehicle Plate	Date Rented	Date Returned
JF2SH6CC1AH789872	2010 SUBARU FORESTER	4E1705A	11/28/2011 04:30 PM	11/29/2011 03:47 PM

1 Day(s) @	\$65.00	=	\$65.00	0 Day(s) @	\$0.00	=	\$0.00
0 Day(s) @	\$0.00	=	\$0.00	0 Weekend @	\$0.00	=	\$0.00
0 Day(s) @	\$0.00	=	\$0.00	0 Week(s) @	\$0.00	=	\$0.00
0 Day(s) @	\$0.00	=	\$0.00	0 Month(s) @	\$0.00	=	\$0.00

Rental Period : 1 day(s)

## STATEMENT OF CHARGES

Rate Charge :	\$65.00
Mi/Km Charge :	\$0.00
Late Charge :	\$0.00
Surcharge Charge :	\$1.89
Fuel Charge :	\$0.00
Damage Waiver :	\$0.00
Personal Insurance :	\$0.00
Liability Insurance :	\$0.00
Renter's Liability :	\$0.00
Additional Driver :	\$0.00
Under Age :	\$0.00
Out of Area :	\$0.00
Foreign Drop :	\$0.00
Upgrade :	\$0.00
Other Charges :	\$0.00

Tax ID : 810468122

Interest Charge :	\$0.00
Subtotal :	\$66.89
Airport/Admin.	\$0.00
Rental Car Tax	\$2.60
	\$0.00
	\$0.00
Total Charges :	\$69.49
Company Authorized :	\$69.49
Company Payments :	\$0.00
Net Due From Company :	\$69.49

Please Make Check Payable To and Remit To : CLIENT COSTS

DUE UPON RECEIPT

DOLLAR RENT A CAR NLE NO: 1213512 ATTY: Chris D Agreement Number : MSO-14440  
1905 WEST BROADWAY MILODRAGOVICH DALLE STEINBRENNER & I  
MISSOULA, MT 59808 DATE RECD: 12-8-11

OK TO PAY: YES NO Please Pay This Amount : \$69.49

REVIEWED BY: \_\_\_\_\_

PAID CK NO: DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

# Bill-To Invoice

Date : 12/07/2011

DOLLAR RENT A CAR  
MISSOULA  
1905 WEST BROADWAY  
MISSOULA, MT 59808  
PH: (406) 542-2311  
FAX: (406) 721-5683

Invoice Date: 12/07/2011

MILODRAGOVICH DALLE STEINBRENNER & NYG, MIL  
P O BOX 4947

MISSOULA, MT 59806

(406) 728-1455

Policy #:

Claim #:

Date Of Loss :

PO Number :

RO Number :

Agreement Number : MSO-14440

MILODRAGOVICH DALLE STEINBRENNER & NYG

ATTN: MARIA  
P O BOX 4947

MISSOULA, MT 59806

(406) 728-1455

Company Number : 10469

VIN Number	Vehicle Type	Vehicle Plate	Date Rented	Date Returned
JF2SH6CC1AH789872	2010 SUBARU FORESTER	4E1705A	11/28/2011 04:30 PM	11/29/2011 03:47 PM
1 Day(s) @	\$65.00	= \$65.00	0 Day(s) @	\$0.00 = \$0.00
0 Day(s) @	\$0.00	= \$0.00	0 Weekend @	\$0.00 = \$0.00
0 Day(s) @	\$0.00	= \$0.00	0 Week(s) @	\$0.00 = \$0.00
0 Day(s) @	\$0.00	= \$0.00	0 Month(s) @	\$0.00 = \$0.00

Rental Period : 1 day(s)

## STATEMENT OF CHARGES

Rate Charge :	\$65.00	Interest Charge :	\$0.00
MI/Km Charge :	\$0.00	Subtotal :	\$66.89
Late Charge :	\$0.00		\$0.00
Surcharge Charge :	\$1.89	Airport/Admin.	\$0.00
Fuel Charge :	\$0.00	Rental Car Tax	\$2.60
Damage Waiver :	\$0.00		\$0.00
Personal Insurance :	\$0.00		\$0.00
Liability Insurance :	\$0.00	Total Charges :	\$69.49
Renter's Liability :	\$0.00		
Additional Driver :	\$0.00	Company Authorized :	\$69.49
Under Age :	\$0.00	Company Payments :	\$0.00
Out of Area :	\$0.00	Net Due From Company :	\$69.49
Foreign Drop :	\$0.00		
Upgrade :	\$0.00		
Other Charges :	\$0.00		
	Tax ID : 810468122		

Please Make Check Payable To and Remit To : CLIENT COSTS

DUE UPON RECEIPT

DOLLAR RENT A CAR FILE NO: 1213572 ATTY: Chris D Agreement Number: MSO-14440  
1905 WEST BROADWAY MILODRAGOVICH DALLE STEINBRENNER & I  
MISSOULA, MT 59808 DATE REC'D: 12-8-11

OK TO PAY:

YES

NO

Please Pay This Amount \$69.49

REVIEWED BY:

PAID CK NO: DATE:

RECEIVED BY:

Rental Location	Vehicle Information	Rental Expires On	Rental Agreement Number
<b>DOLLAR RENT A CAR</b> 1905 WEST BROADWAY MISSOULA MT 59808 Phone: (406) 542-2311 Fax: (406) 721-5683	<b>RENTAL IN</b>	11/29/2011 06:00 PM	MSO-14440
Car To Be Returned To Above Unless Stated Below	<b>*UNIT DETAILS*</b> Unit#: BI708J Model: 2010 FORESTER Color: MAROON License#: 461705A VIN#: JF2SH6CC1AH789872 Miles In: 24657 Miles Out: 24420		
Customer Information	Repair Order: Claim: Purchase Order: DATE/TIME IN: 11/29/2011 03:47 PM DATE/TIME OUT: 11/28/2011 04:30 PM DEPOSITS: \$0.00 MILES FREE: UNLIMITED MILES <b>**CHARGE SUMMARY**</b> Miles Unlimited Miles Allowed & Hours @ \$15.00 Total Miles Allowed: 0 1 Day(s) @ \$65.00 \$65.00  <b>EST TIME &amp; MILEAGE:</b> \$65.00 Fuel @ \$5.00 / Gal.  Airport/Admin @ 6.00% \$0.00 Rental Car Tax @ 4.00% \$2.60 Surcharge @ \$1.89 /Day \$1.89 <b>OTHER CHARGES:</b>		
MILODRAGOVICH DALLE STEINBRENNER & NYG P O BOX 4947 MISSOULA MT 59806 License: DOB: 05/05/1950 Expires: 01/01/2024 MT 4 Home Phone (406) 728-1455 Work Phone (406) 728-1455 Cell Phone Local Address Phone  Insurance Co: SAFECO Additional Driver CHRISTOPHER DECKER Address: 620 HIGH PARK WAY MISSOULA MT 59803 License: DOB: 12/02/1982 Expires: 12/02/2011 Checked Out By: Brad Checked In By: ANNA			

#### MONTANA - NOTICE TO RENTERS

##### FAILURE TO RETURN VEHICLE

If you purposely and knowingly fail to return the rental vehicle within 48 hours of the due date and time provided for in this agreement, without notice to the Company and without the company's permission, you will have committed the offense of failure to return rented or leased personal property. If convicted of this offense, you shall be imprisoned in the state prison for a term not to exceed 10 years.

These terms supersede any conflicting terms stated elsewhere.

#### PAYMENT SUMMARY

Close Payments:

#### DUE FROM COMPANY

MILODRAGOVICH DALLE STEINBRENNER & NYGDUE FROM RENTER:  
AMT: \$69.49

TOTAL CHARGES: \$69.49  
RENTER PAYMENTS: \$0.00  
NYGDUE FROM RENTER: \$0.00  
NET DUE FROM CO: \$69.49  
REFUNDS:

Deposit Payments:



The Rental Agreement is between the undersigned and the company identified above (the "Company"). By signature below, the undersigned acknowledges and represents that they are legally authorized to operate the rental vehicle by valid driver's license, and that they have read and agree to the terms, and conditions and notices, both printed and written, including the Loss Damage Waiver Information, that appear on this Rental statement and on the separate rental jacket (the "Agreement"), which is incorporated herein. THE UNDERSIGNED AUTHORIZE THE COMPANY TO PROCESS A CHARGE TO THEIR CREDIT, DEBIT OR CHARGE CARD IN THE AMOUNT SPECIFIED ABOVE FOR THIS RENTAL UPON SIGNATURE BELOW AND FOR ALL ADDITIONAL CHARGES DUE UPON RETURN OF THE VEHICLE.

ALL CHARGES SUBJECT TO AUDIT.

No additional drivers are permitted without the Company's approval.

X \_\_\_\_\_ RENTER X \_\_\_\_\_ ADDITIONAL DRIVER

# Bill-To Invoice

DOLLAR RENT A CAR  
MISSOULA  
1905 WEST BROADWAY  
MISSOULA, MT 59808  
PH: (406) 542-2311  
FAX: (406) 721-5683

Date : 12/21/2011

Invoice Date: 12/21/2011

MILODRAGOVICH DALLE STEINBRENNER & NYG, MIL  
P O BOX 4947

MILODRAGOVICH DALLE STEINBRENNER & NYG

ATTN: MARIA  
P O BOX 4947

MISSOULA, MT 59806

(406) 728-1455

Company Number : 10469

MISSOULA, MT 59806

(406) 728-1455

Policy #:

Claim #:

Date Of Loss :

PO Number :

RO Number :

Agreement Number : MSO-14641

VIN Number	Vehicle Type	Vehicle Plate	Date Rented	Date Returned
1G1ZC5EU2BF132807	2011 CHEVROLET MALIBU	461597A	12/19/2011 05:16 PM	12/20/2011 03:30 PM
1	Day(s) @ \$45.00	= \$45.00	0	Day(s) @ \$0.00 = \$0.00
0	Day(s) @ \$0.00	= \$0.00	0	Weekend @ \$0.00 = \$0.00
0	Day(s) @ \$0.00	= \$0.00	0	Week(s) @ \$0.00 = \$0.00
0	Day(s) @ \$0.00	= \$0.00	0	Month(s) @ \$0.00 = \$0.00

Rental Period : 1 day(s)

## STATEMENT OF CHARGES

Rate Charge :	\$45.00	Interest Charge :	\$0.00
Mi/Km Charge :	\$0.00	Subtotal :	\$46.89
Late Charge :	\$0.00		\$0.00
Surcharge Charge :	\$1.89	Airport/Admin	\$0.00
Fuel Charge :	\$0.00	Rental Car Tax	\$1.80
Damage Waiver :	\$0.00		\$0.00
Personal Insurance :	\$0.00		\$0.00
Liability Insurance :	\$0.00		
Renter's Liability :	\$0.00	Total Charges :	\$48.69
Additional Driver :	\$0.00		
Under Age :	\$0.00	Company Authorized :	\$48.69
Out of Area :	\$0.00	Company Payments :	\$0.00
Foreign Drop :	\$0.00		
Upgrade :	\$0.00	Net Due From Company :	\$48.69
Other Charges :	\$0.00		

Tax ID : 810468122

Please Make Check Payable To and Remit To : CLIENT COSTS DUE UPON RECEIPT

DOLLAR RENT A CAR  
1905 WEST BROADWAY  
MISSOULA, MT 59808

ACCT NO: 1213572 ATTY: Chris D Agreement Number : MSO-14641  
MILODRAGOVICH DALLE STEINBRENNER & I

DATE REC'D: 12-22-11

OK TO PAY: YES NO

Please Pay This Amount : \$48.69

REVIEWED BY:

PAID BY: CHRIS D DATE: 12-22-11

Rental Location	Vehicle Information	Rental Expires On	Rental Agreement Number
DOLLAR RENT A CAR 1906 WEST BROADWAY MISSOULA MT 59808 Phone: (406) 542-2311 Fax: (406) 721-5683  Car To Be Returned To Above Unless Stated Below	<b>RENTAL IN</b> <b>*UNIT DETAILS*</b> Unit#: S411J Model: 2011 MALIBU Color: SILVER License#: 461697A VIN#: 1G1ZC5EU2BF132807 Miles In: 29913 Miles Out: 29648  <b>Total Miles Allowed: 0</b> Fuel Out: Full Fuel In: Full	12/20/2011 05:00 PM	MSO-14641
Customer Information  MILODRAGOVICH DALLE STEINBRENNER & NYG MILODRAGOVICH DALLE STEINBRENNER P O BOX 4947 MISSOULA MT 59806  License: DOB: 05/05/1950 Expires: 01/01/2015 Home Phone (406) 728-1455 Work Phone (406) 728-1455 Cell Phone Phone  Insurance Co: SAFECO Additional Driver CHRISTOPHER DECKER Address: 620 HIGH PARK WAY MISSOULA MT 59803 License: DOB: 1201819824102 Expires: 12/02/1982 Checked Out By: COREY Checked In By: ETHAN	Repair Order: Claim: Purchase Order: DATE/TIME IN: 12/20/2011 03:30 PM DATE/TIME OUT: 12/19/2011 05:16 PM DEPOSITS: \$0.00 MILES FREE: UNLIMITED MILES <b>**CHARGE SUMMARY**</b> Miles Unlimited & Hours @ \$15.00 1 Day(s) @ \$45.00 \$45.00  <b>EST TIME &amp; MILEAGE:</b> \$45.00 Fuel @ \$5.00 / Gal. Airport/Admin @ 6.00% \$0.00 Rental Car Tax @ 4.00% \$1.80 Surcharge @ \$1.89 /Day \$1.89 <b>OTHER CHARGES:</b>		

#### MONTANA - NOTICE TO RENTERS

#### FAILURE TO RETURN VEHICLE

If you purposely and knowingly fail to return the rental vehicle within 48 hours of the due date and time provided for in this agreement, without notice to the Company and without the company's permission, you will have committed the offense of failure to return rented or leased personal property. If convicted of this offense, you shall be imprisoned in the state prison for a term not to exceed 10 years.

These terms supersede any conflicting terms stated elsewhere.

#### PAYMENT SUMMARY

Close Payments:

#### DUE FROM COMPANY

MILODRAGOVICH DALLE STEINBRENNER & NYG  
AMT: \$48.69

TOTAL CHARGES: \$48.69

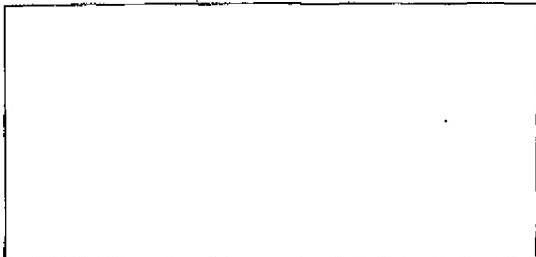
RENTER PAYMENTS: \$0.00

DUE FROM RENTER: \$0.00

NET DUE FROM CO: \$48.69

REFUNDS:

Deposit Payments:



The Rental Agreement is between the undersigned and the company identified above (the "Company"). By signature below, the undersigned acknowledges and represents that they are legally authorized to operate the rental vehicle by valid driver's license, and that they have read and agree to the terms, and conditions and notices, both printed and written, including the Loss Damage Waiver Information, that appear on this Rental statement and on the separate rental jacket (the "Agreement"), which is incorporated herein. THE UNDERSIGNED AUTHORIZES THE COMPANY TO PROCESS A CHARGE TO THEIR CREDIT, DEBIT OR CHARGE CARD IN THE AMOUNT SPECIFIED ABOVE FOR THIS RENTAL UPON SIGNATURE BELOW AND FOR ALL ADDITIONAL CHARGES DUE UPON RETURN OF THE VEHICLE.

ALL CHARGES SUBJECT TO AUDIT.

No additional drivers are permitted without the Company's approval.

X \_\_\_\_\_ RENTER X \_\_\_\_\_ ADDITIONAL DRIVER

VPR  
Tobbs

## EXPENSES

Date 1/8/12 Amount \$40.00

Client Expense or Office Expense

Client # 1213572

Reimbursement X Firm Card \_\_\_\_\_

Task Code: L \_\_\_\_\_ Exp Code: E \_\_\_\_\_

Description Cab fare from  
airport to hotel in  
San Diego for Dr.  
Tal David deposition.

Signature Christopher Debnam

M	Fare Receipt	(619) (858) (760)	D. David debs
T		444-4444	Date <u>1/8/12</u>
S			
T			
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O			
O			
O			
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2			

*1213572* *Christopher Debnam*

The sum of \$ 40.00

From San Diego Airport  
To Marriott Courtyard San Diego  
Cab No. \_\_\_\_\_ Driver \_\_\_\_\_

*AUDIO RADIO SERVICE*

Your purchase is complete. Thank you for choosing Delta.

**Flight Confirmation Number: GJD6R2**

Enjoy improved benefits to help speed you through the airport including faster check-in, our highest boarding priority, expedited baggage service, and more.

**What's Next:**

Now that you've finished booking your trip:

- Your eTicket receipt(s) and confirmation have been sent to sam@samgoldstein.com.
- Delta Messenger will send flight updates based on the contact preferences in your profile. [Subscribe/edit](#) your contact preferences now.
- Visit [My Trips](#) to access your itinerary and manage your flight online.
- Add [Trip Protector](#) to protect against trip cancellations and interruptions with Access America.
- If you have a smartphone, get the Delta app to check in, get alerts on flight and gate changes, and more.



Please go to [My Trips](#) to verify the status of any upgrades.

[Get Notifications](#)   [Add to Calendar](#)   [Add Trip Services & Activities](#)

Outbound	Thu, 26 Jan 2012	Show Details
9:45am SLC	11:25am MSO Nonstop 1 hr 40 min Delta 4540 <sup>1</sup> Economy (M) Not Upgrade Eligible	
Operated by:	<sup>1</sup> SkyWest Dba Delta Connection	
Return	Thu, 26 Jan 2012	Show Details
5:30pm MSO	6:53pm SLC Nonstop 1 hr 23 min Delta 4754 <sup>1</sup> Economy (M) Not Upgrade Eligible	
Operated by:	<sup>1</sup> SkyWest Dba Delta Connection	

In-Flight services and amenities may vary and are subject to change.



Book with confidence. See Delta's Best Fare Guarantees.

Miles earned = 1500

MQMs earned = 1500 ([details](#))

Total balance due (including taxes/fees): \$1,121.60 (USD)

[View taxes/fees policy.](#)

[View change & cancellation policies.](#)

[View baggage policies.](#)

The ticket is non-refundable.

Passenger	From	To	Seat Assignment	Special Services (e.g. Wheelchair)
Dr. Samuel Jack Goldstein SkyMiles # 1001951058 Diamond / Elite Plus	Salt Lake City, UT (SLC)	Missoula, MT (MSO)	O2C Change Seats	<a href="#">Add/Edit</a>
	Missoula, MT (MSO)	Salt Lake City, UT (SLC)	O1C Change Seats	<a href="#">Add/Edit</a>

**Passenger Information**

**Contact:**

Telephone numbers: 801-580-7595 (Home), 801-332-1484 (Business)

**Billing Information:**

Payment Type: American Express, \*\*\*\*\*,2001

Payee: Dr. Samuel Jack Goldstein  
230 S 500 E Ste 100  
Salt Lake City, UT 84102, United States

**Feedback**

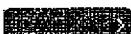
Price per Passenger						Travel may be on other airlines. Terms and conditions apply to all offers and SkyMiles benefits. See specific offer for details, and visit SkyMiles Membership Guide & Program Rules.
Fare	U.S. Tax(es)	Base Fare	Taxes/Fees	Subtotal	# of Psgrs	Total Price of Ticket(s)
\$1,023.26 (USD)	\$76.74 (USD)	\$1,100.00 (USD)	\$21.60 (USD)	\$1,121.60 (USD)	1	\$1,121.60 (USD)
<a href="#">View fare rules</a>						<a href="#">View Taxes/Fees</a>

Baggage Fees (per passenger each way)		Economy Class	First / Business Elite <sup>1</sup>
Carry-on Baggage (one bag plus one personal item)	Carry-on Baggage	Complimentary	Complimentary
First Checked Bag Want first bag free?	Checked Baggage	Within U.S. and Canada: \$25 U.S./Canada and Caribbean: \$25 International: Complimentary	Complimentary
Second Checked Bag*		Within U.S. and Canada: \$40 Mexico, Central America, and Caribbean: \$40 Japan and Micronesia: \$40 South America, Transatlantic and Transpacific: \$75	Complimentary

<sup>1</sup>SkyMiles Medallion Members are eligible for fee waivers and other benefits.  
Lower fees may be available when you check-in online. Fees are charged in CAD or EUR for flights exiting Canada or Europe respectively.  
Additional fees apply for oversize, overweight, or additional pieces of checked baggage. Please review Delta's baggage guidelines for details.  
\*Travelers to/from Key West Florida are limited to one checked bag.

**Total Amounts Charged**Flight: **\$1,121.60 (USD)**Total amount charged (Including taxes/fees): **\$1,121.60 (USD)****A Greener Way to Fly**

Delta Air Lines has partnered with The Nature Conservancy® to help you offset your carbon footprint for this trip and offer you other ways to sustain our environment.



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**View Billing Statements**

CARD ACTIVITY for GARY BARRUS  
Gold Delta SkyMiles® 91000

TIME PERIOD    Settings    Download    Print    Need Help    Year-End Summary

Current Statement    Dec 30, 2011 to Jan 29, 2012    NARROW RESULTS    Other Filters

Search Transactions

**VIEW BY:** CATEGORY MERCHANT

**GRAPH ON**

1 - 6 of 6 Transactions

Date	Description	Amount \$
01/08/2012	Wed UNIVOFUT ATHLETIC 00SALT LAKE CIT UT	40.00
01/11/2012*	Wed ONLINE PAYMENT - THANK YOU	-1,120.21
01/06/2012	Fri EXPEDIA*142152730544800-397-3342 WA	-734.47
01/06/2012	Fri EXPEDIA*142152730544800-397-3342 WA	734.47
01/09/2012	Fri EXPEDIA*142154857525800-397-3342 WA	729.34
01/06/2012	Fri TRAVELSCAPE LLC ATLANTA GA	601.60

1 - 6 of 6 Transactions

View Your Billing Statement For This Period

Interest Charge Calculation

Previous Balance as of 12/29/11: 1,662.68

Payments	1,120.21
Charges	2,105.41
Fees	0.00
Interest Charged	0.00
Credits	-734.47
New Balance	2,106.41
Minimum Payment Due	42.00

Closing Date: 01/29/12

Transfer available credit to another Card

Dispute/Inquire about account activity

\* Indicates posting date

Payment Due Date: 02/23/12

**YOUR REWARDS**

Delta SkyMiles®

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**TAG RULES**

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**View Billing Statements**

CARD ACTIVITY for JOHN C EBERHARDT

Platinum Delta SkyMiles®	02/09/12 (All Cards)	TIME PERIOD	Recent Activity	Jan 12, 2012 to Present	NARROW RESULTS	Search Transactions	Other Filters
--------------------------	----------------------	-------------	-----------------	-------------------------	----------------	---------------------	---------------

TRANSACTION DETAILS | VIEW BY: CATEGORY MERCHANT CARDMEMBER | GRAPH ON

**View Pending Charges**

1 - 27 of 27 Transactions

Date	Description	Cardmember	Amount \$
02/09/2012 Fri	ELECTRONIC PAYMENT RECEIVED-THANK	JOHN C EBERHARDT	-8,021.73
02/02/2012 Thu	SDN SDI SALT LAKE CITY UT	JOHN C EBERHARDT	20.66
02/01/2012 Wed	CHEESECAKE FACTORY #MURRAY UT	JOHN C EBERHARDT	60.45
01/29/2012 Sat	MID GAD CAFETERIA SNOWBIRD UT	JOHN C EBERHARDT	38.56
01/28/2012 Sat	SALT CITY BURGER CO SANDY UT	JOHN C EBERHARDT	20.93
01/24/2012 Tue	ORBITZ MANKATO MN	JOHN C EBERHARDT	433.26
01/24/2012 Tue	ORBITZ.COM CHICAGO IL	JOHN C EBERHARDT	134.24
01/23/2012 Mon	PERKINS FMLY R6TR 23MISSOULA MT	JOHN C EBERHARDT	8.40
01/23/2012 Mon	PIZZA HUT #210 0045 MISSOULA MT	JOHN C EBERHARDT	29.46
01/23/2012 Mon	SLC INTERNATIONAL AISALT LAKE CITY UT	JOHN C EBERHARDT	13.00
01/21/2012 Sat	CAFE RIO SANDY 0047 SANDY UT	JOHN C EBERHARDT	40.78
01/19/2012 Thu	ORBITZ MANKATO MN	JOHN C EBERHARDT	1,221.00
01/18/2012 Thu	ORBITZ.COM CHICAGO IL	JOHN C EBERHARDT	99.39
01/10/2012 Thu	ORBITZ.COM CHICAGO IL	JOHN C EBERHARDT	528.90
01/03/2012 Fri	ORBITZ.COM CHICAGO IL	JOHN C EBERHARDT	1,082.82
01/12/2012 Thu	COSTA VIDA MAVERICK WEST VALLEY CITY UT	JOHN C EBERHARDT	17.68
02/03/2012 Fri	COSTCO GAS #0822 000WEST VALLEY UT	SANDRA D EBERHARDT	67.22
01/27/2012 Fri	COSTCO GAS #0487 000SANDY UT	SANDRA D EBERHARDT	63.58
01/25/2012 Wed	RITE AID 0143 RITE ASALT LAKE CITY UT	SANDRA D EBERHARDT	25.72
01/22/2012 Sun	NETFLIX NONE LOS GATOS CA	SANDRA D EBERHARDT	21.38
01/20/2012 Fri	COSTCO GAS #0822 000WEST VALLEY UT	SANDRA D EBERHARDT	38.64
01/16/2012 Mon	GE APPLIANCE REPAIR 866-938-4479 KY	SANDRA D EBERHARDT	309.05
01/10/2012 Mon	NETFLIX NONE LOS GATOS CA	SANDRA D EBERHARDT	0.82
01/14/2012 Sat	MARKET STREET GRILL SALT LAKE CITY UT	SANDRA D EBERHARDT	14.65
01/14/2012 Sat	RITE AID 0143 RITE ASALT LAKE CITY UT	SANDRA D EBERHARDT	30.77
01/3/2012 Fri	COSTCO GAS #0822 000WEST VALLEY UT	SANDRA D EBERHARDT	48.30
01/13/2012 Fri	RITE AID 0143 RITE ASALT LAKE CITY UT	SANDRA D EBERHARDT	39.95

1 - 27 of 27 Transactions

Previous Balance as of 01/11/12	6,021.73
Payments	-8,021.73
Charges	4,410.00
Fee	0.00
Credits	0.00
Outstanding Balance	4,410.00

Closing Date: 02/09/12

PAY BILL

Dispute/Inquire about account activity

**ACTIVITY BY CARD**

Cardmember Name	Payments	Charges	Credits
JOHN C EBERHARDT	\$ -8,021.73	\$ 3,759.33	\$ 0.00
SANDRA D EBERHARDT	\$ 0.00	\$ 651.23	\$ 0.00
Total	\$ -8,021.73	\$ 4,410.00	\$ 0.00

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Mileage Balance 75,727  
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Both  
\$ 2942.41



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CARD ACTIVITY for GARY BARRUS

Delta SkyMiles® 61007 (All Cards)

TIME PERIOD

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Year-End Summary

NARROW RESULTS

Search Transactions

Other Filters

VIEW BY:

CATEGORY

MERCHANT

CARDMEMBER

GRAPH ON

View Pending Charges

1 - 15 of 15 Transactions

Date	Description	Cardmember	Amount \$
02/03/2012 Fri	LA COCINA 8643005646 SALT LAKE CITY UT	GARY BARRUS	43.05
02/02/2012 Thu	MAVERIK COUNTRY STORWEST VALLEY UT	GARY BARRUS	44.06
02/02/2012 Thu	UHAUL RENTAL/PURCHASE EUREKA MT	GARY BARRUS	54.11
01/31/2012 Tue	BRIDGETREE INC 00000 CHARLOTTE NC	GARY BARRUS	99.54
01/28/2012 Sat	ALAMO RENT A CAR MISSOULA MT	GARY BARRUS	39.01
01/28/2012 Sat	DELTA AIR LINES ATLANTA	GARY BARRUS	200.00
01/28/2012 Sat	HOLIDAY INN MISSOULA MISSOULA MT	GARY BARRUS	10.05
01/28/2012 Sat	IHG MOUNTAIN MISSOULA MT	GARY BARRUS	98.23
01/27/2012 Fri	IHG MOUNTAIN MISSOULA MT	GARY BARRUS	26.85
01/26/2012 Thu	FUOC OF WOLF POINT WOLF POINT MT	GARY BARRUS	278.05
02/03/2012 Fri	HARMONS - EAST FUEL MIDVALE UT	IRENE BARRUS	37.02
02/02/2012 Thu	IVAN D PLINT MO IVAN SALT LAKE CITY UT	IRENE BARRUS	45.00
02/01/2012 Wed	TARGET 1751 1751 SALT LAKE CITY UT	IRENE BARRUS	93.00
01/30/2012 Mon	TARGET 1751 1751 SALT LAKE CITY UT	IRENE BARRUS	10.66
01/27/2012 Fri	HARMONS - EAST FUEL MIDVALE UT	IRENE BARRUS	39.68

1 - 15 of 15 Transactions

Previous Balance as of 01/27/12	6,208.06
Payments	0.00
Charges	1,117.31
Fees	0.00
Credits	0.00
Outstanding Balance	7,325.37

Closing Date: 02/26/12

Transfer available credit to another Card

PAY BILL

Dispute/inquire about account activity

## ACTIVITY BY CARD

Cardmember Name	Payments	Charges	Credits
GARY BARRUS	\$ 0.00	\$ 891.95	\$ 0.00
IRENE BARRUS	\$ 0.00	\$ 225.38	\$ 0.00
Total	\$ 0.00	\$ 1,117.31	\$ 0.00

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# INVOICE

## CITICOURT

THE REPORTING GROUP

236 South 300 East, Salt Lake City, Utah 84111  
 Toll Free: 877.532.3441 Phone: 801.532.3441 Fax: 801.532.3414

Christian T. Nygren  
 Milodragovich Dale Steinbrenner & Nygren  
 620 High Park Way  
 Missoula, MT 59803

Invoice No.	Invoice Date	Job No.
49870	8/12/2011	31407
Job Date	Case No.	
7/26/2011	9:10-CV-00128-DWM-JCL	
Case Name		
Mann, et al. vs. Redman Van & Storage Co., Inc., et al.		
Payment Terms		
Net 30, 1.5% per month plus fees *		

1 CERTIFIED COPY OF TRANSCRIPT OF:

Barney Pounds	418.05
Shipping/Delivery	12.50
<b>TOTAL DUE &gt;&gt;&gt;</b>	<b>\$430.55</b>

COMPLIMENTARY CONDENSED TRANSCRIPT  
 Thank you for using CitiCourt.

\*When paid by credit card add 3% surcharge

COSTS/OFFICE  
 FILE NO. 1213512 ATTY CTM  
 DATE RECD. 8-18-11  
 CK TO PAY YES NO  
 GL# AUTH #  
 DATE TO PAY

SCANNED

Tax ID: 87-0661285

Phone: 406-728-1455 Fax: 406-549-7077

*Please detach bottom portion and return with payment.*

Christian T. Nygren  
 Milodragovich Dale Steinbrenner & Nygren  
 620 High Park Way  
 Missoula, MT 59803

Job No. : 31407 BU ID : 1-CITI  
 Case No. : 9:10-CV-00128-DWM-JCL  
 Case Name : Mann, et al. vs. Redman Van & Storage Co., Inc., et al.  
  
 Invoice No. : 49870 Invoice Date : 8/12/2011  
 Total Due : \$ 430.55

**PAYMENT WITH CREDIT CARD**



Cardholder's Name:	
Card Number:	
Exp. Date:	Phone#:
Billing Address:	
Zip:	Card Security Code:
Amount to Charge:	
Cardholder's Signature:	

Remit To: CitiCourt, LLC  
 236 South 300 East  
 Salt Lake City, UT 84111

# INVOICE

## **CITICOURT** THE REPORTING GROUP

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Christian T. Nygren  
 Milodragovich Dale Steinbrenner & Nygren  
 620 High Park Way  
 Missoula, MT 59803

Invoice No.	Invoice Date	Job No.		
49862	8/12/2011	31409		
Job Date	Case No.			
7/27/2011	9:10-CV-00128-DWM-JCL			
Case Name				
Mann, et al. vs. Redman Van & Storage Co., Inc., et al.				
Payment Terms				
Net 30, 1.5% per month plus fees *				

1 CERTIFIED COPY OF TRANSCRIPT OF:

John Eberhardt 181.00

1 CERTIFIED COPY OF TRANSCRIPT OF:

Gary Barrus	97.20
Shipping/Delivery	12.50

**TOTAL DUE >>> \$290.70**

COMPLIMENTARY CONDENSED TRANSCRIPT

Thank you for using CitiCourt.

\*When paid by credit card add 3% surcharge

COST BY OFFICE  
 FILE NO. 1213612 ATTY CM  
 DATE REC'D 8/14/11  
 CK TO PAY YES NO  
 GLA AUTH BY  
 DATE TO PAY

**SCANNED**

Tax ID: 87-0661285

Phone: 406-728-1455 Fax: 406-549-7077

*Please detach bottom portion and return with payment.*

Christian T. Nygren  
 Milodragovich Dale Steinbrenner & Nygren  
 620 High Park Way  
 Missoula, MT 59803

Job No. : 31409 BU ID : 1-CITI  
 Case No. : 9:10-CV-00128-DWM-JCL  
 Case Name : Mann, et al. vs. Redman Van & Storage Co., Inc., et al.  
 Invoice No. : 49862 Invoice Date : 8/12/2011  
**Total Due : \$ 290.70**

**PAYMENT WITH CREDIT CARD**



Cardholder's Name:			
Card Number:			
Exp. Date:	Phone#:		
Billing Address:			
Zip:	Card Security Code:		
Amount to Charge:			
Cardholder's Signature:			

Remit To: **CitiCourt, LLC**  
 236 South 300 East  
 Salt Lake City, UT 84111

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Christian T. Nygren  
 Miodragovich Dale Steinbrenner & Nygren  
 620 High Park Way  
 PO Box 4947  
 Missoula, MT 59806-4947

**INVOICE**

Invoice No.	Invoice Date	Job No.		
53185	1/24/2012	33123		
Job Date	Case No.			
1/23/2012	9:10-CV-00128-DWM-JCL			
Case Name				
Mann, et al. vs. Redman Van & Storage Co., Inc., et al.				
Payment Terms				
Net 30, 1.5% per month plus fees *				

**Scheduled Deposition of:**

Sam Goldstein, Ph.D.

Videoconference Cancellation Fee

2.00 Hours

300.00

**TOTAL DUE >>>****\$300.00**

Thank you for using CitiCourt.

\*When paid by credit card add 3% surcharge

Tax ID: 87-0661285

Phone: 406-728-1455 Fax: 406-549-7077

*Please detach bottom portion and return with payment.*

Christian T. Nygren  
 Miodragovich Dale Steinbrenner & Nygren  
 620 High Park Way  
 PO Box 4947  
 Missoula, MT 59806-4947

Job No. : 33123 BU ID : 1-CITI  
 Case No. : 9:10-CV-00128-DWM-JCL  
 Case Name : Mann, et al. vs. Redman Van & Storage Co., Inc., et al.  
 Invoice No. : 53185 Invoice Date : 1/24/2012  
 Total Due : \$ 300.00

**PAYMENT WITH CREDIT CARD**

Cardholder's Name:

Card Number:

Exp. Date: \_\_\_\_\_ Phone#: \_\_\_\_\_

Billing Address:

Zip: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Amount to Charge:

Cardholder's Signature:

Remit To: **CitiCourt, LLC**  
**236 South 300 East**  
**Salt Lake City, UT 84111**



1440 Blake Street, Suite 320  
Denver, CO 80202  
[depos@coffmanreporting.com](mailto:depos@coffmanreporting.com)  
303.893.0202  
Toll Free: 800.831.6322  
Fax: 303.893.2230

January 13, 2012

CHRISTIAN T. NYGREN, ESQ.  
Milodragovich, Dale,  
Steinbrenner & Nygren, P.C.  
PO Box 4947  
Missoula, MT 59806

Invoice Number  
27958

Re: Mann vs. Redman Van & Storage Co.

Description of Services	Pgs/Qty	Rate	Extension
VC Room Rental	2.00	200.00	400.00
VC Service (IP)	1.00	0.00	No Charge
Invoice total:			\$400.00

This invoice is for Videoconferencing Services Only

Please Return One Copy With Your Payment

Remit To:

Coffman Reporting & Litigation Support, Inc.  
1440 Blake Street, Suite 320  
Denver, CO 80202

~~ Thank You ~~

Tax ID 84-1272970

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Interest is applied to open balances beyond 45 days at 1% per month

AMOUNT COSTS  
FILE NO 12135 / DATED: *Chris*  
DATE RECD: *1-16-12*  
OK TO PAY: YES NO  
REVIEWED BY:  
PAID CK N# *1075* DATE *1-16-12*  
CHQ # *1075* DATE *1-16-12*



1440 Blake Street, Suite 320  
Denver, CO 80202  
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Toll Free: 800.831.6322  
Fax: 303.893.2230

January 13, 2012

CHRISTIAN T. NYGREN, ESQ.  
Milodragovich, Dale,  
Steinbrenner & Nygren, P.C.  
PO Box 4947  
Missoula, MT 59806

Invoice Number  
**27957**

Re: Mann vs. Redman Van & Storage Co.

Description of Services		Pgs/Qty	Rate	Extension
V Orig Transcript Svcs	James M. Gracey, Ed.D.	70.00	4.05	283.50
Appearance Fee (min)	12/19/2011	1.00	60.00	60.00
ETran Conversion	(First Conversion)	1.00	20.00	20.00
Exhibits-Scan		200.00	0.25	50.00
*Delivery		1.00	20.00	20.00
<b>Invoice total:</b>				<b>\$433.50</b>

Please Return One Copy With Your Payment

Remit To:

Coffman Reporting & Litigation Support, Inc.  
1440 Blake Street, Suite 320  
Denver, CO 80202

~~ Thank You ~~

Tax ID 84-1272970

Please Return One Copy With Your Payment

Interest is applied to open balances beyond 45 days at 1% per month

# INVOICE



Christian T. Nygren  
 MILODRAGOVICH, DALE, STEIBRENNER & BINNEY  
 620 High Park Way  
 P.O. Box 4947  
 Missoula, MT 59806-4947

Invoice No.	Invoice Date	Job No.		
150072	11/22/2011	86571		
Job Date	Case No.			
11/2/2011	9:10-CV-00128-DWM-JCL			
Case Name				
Mann v. Redman Van & Storage Co., Inc.				
Payment Terms				
Due upon receipt				

1 CERTIFIED COPY OF TRANSCRIPT OF:

David Beaufort

344.62

**TOTAL DUE >>>**

**\$344.62**

We accept Visa, Mastercard, Discover and American Express.

Payment not received within 30 days of date billed will result in an additional charge of 1.5% per month.

**COSTS/OFFICE**

FILE NO: ATV CTR  
 DATE REC'D 11-23-11  
 OK TO PAY: YES NO   
 REVIEWED BY: \_\_\_\_\_  
 FILED BY: \_\_\_\_\_ DATE PD: \_\_\_\_\_

Tax ID: 87-0623280

Phone: 406-728-1455 Fax: 406-549-7077

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Christian T. Nygren  
 MILODRAGOVICH, DALE, STEIBRENNER & BINNEY  
 620 High Park Way  
 P.O. Box 4947  
 Missoula, MT 59806-4947

Invoice No. : 150072  
 Invoice Date : 11/22/2011  
 Total Due : \$ 344.62

Remit To: DepomaxMerit Litigation Services  
 333 S. Rio Grande  
 Salt Lake City, UT 84101

Job No. : 86571  
 BU ID : DM  
 Case No. : 9:10-CV-00128-DWM-JCL  
 Case Name : Mann v. Redman Van & Storage Co., Inc.



**Charles Fisher Court Reporting, Inc.**  
503 East Mendenhall  
Bozeman, MT 59715  
406-587-9016  
maindesk@fishercourtreporting.com

# Invoice

Date	Invoice #
12/23/2011	JAB11-9

**Bill To**

Mr. Christian Nygren  
Milodragovich, Dale, Steinbrenner & Nygren  
P.O. Box 4947  
Missoula, MT 59806-4947

Court: US District - Missoula, MT  
Cause No. 10-128-M-DWM-JCL  
Mann vs. Redman Van & Storage, et al.

Terms	Due Date
Net 30	1/22/2012

Item	Service Date	Description	Amount
Deposition-1 Copy	11/22/2011	Reg Gibbs	292.55

*CLIENT COSTS  
#S NO 2135/Patty Chris  
DATE RECD. 12-27-11  
OK TO PAY: YES NO  
REVIEWED BY:  
PAID CK NO: DATE  
RECD BY:*

Thank you for your business.

Federal Tax ID: 81-0459321

Payments/Credits

\$0.00

**Balance Due**

\$292.55



**Charles Fisher Court Reporting, Inc.**  
503 East Mendenhall  
Bozeman, MT 59715  
406-587-9016  
maindesk@fishercourtreporting.com

# Invoice

Date	Invoice #
9/14/2011	CU11-29

**Bill To**

Mr. Christopher T. Decker  
Mlodragovich Dale Steinbrenner & Nygren  
P.O. Box 4947  
Missoula, MT 59806-4947

Court: US District - Missoula, MT  
Cause No. 10-128-M-DWM-JCL  
Mann vs. Redman Van & Storage

Terms

Net 30

Item	Service Date	Description	Amount
Deposition - 1 Copy	8/25/2011	Luke Powell  <b>CLIENT COSTS</b> FILE NO <u>12/135/2</u> ATTY: <u>Chris D</u> DATE REC'D: <u>9-16-11</u> OK TO PAY: YES      NO REVIEWED BY: PAID CK NO:      DATE: PHOTO BY:	214.05

Thank you for your business.

Federal Tax ID: 81-0459321

Payments/Credits

\$0.00

Balance Due

\$214.05

# JEFFRIES COURT REPORTING, INC.

MELODY JEFFRIES PETERS, RDR, CRR  
 jccourt@montana.com  
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 bigskyvideoconferenceofmontana.com

1015 MOUNT AVENUE, SUITE C  
 MISSOULA, MONTANA 59801  
 (406) 721-1143 / FAX (406) 728-0888  
 1-800-769-1052

Bill To
Chris Nygren, Esq. Milodragovich, Dale, Steinbrenner & Nygren, P.C. 620 High Park Way Missoula, Montana 59803

Date	Invoice #
12/20/2011	20914
Terms	Due Date
Net 30	1/19/2012

Rep
offic

Description	Amount
11-692 - MANN vs REDMAN VAN, et al. - #CV-10-128-M-DWM-JCL	
Video Conference Deposition taken on Monday, December 19, 2011 in Missoula, MT at Jeffries Court Reporting.	
Video Conference Deposition - 1:30 Till 3:30 - Conference Room, Equipment Use and Co-ordinating	220.00
CLIENT COSTS REC NO <u>12135</u> / ATTY <u>Chris</u> DATE REC'D. <u>12-22-11</u> OK TO PAY: YES      NO REVERSED BY: PAID OR NOT:      DATE: BILLER: <u>JK</u>	
THANK YOU! TAX ID #81-0512162	<b>Total</b> \$220.00

PLEASE INCLUDE INVOICE NUMBER ON THE CHECK. A FINANCE CHARGE OF 1.5% WILL BE ADDED ON ACCOUNTS 30 DAYS PAST DUE.

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 MISSOULA, MONTANA 59801  
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 1-800-769-1052

Bill To
Chris Nygren, Esq. Milodragovich, Dale, Steinbrenner & Nygren, P.C. 620 High Park Way Missoula, Montana 59803

Date	Invoice #
2/1/2012	20999
Terms	Due Date
Net 30	3/2/2012

Rep
STG

Description	Amount
12-57 - DAVID MANN vs REDMAN VAN & STORAGE	
Video / Video Conference Deposition Scheduled for Monday, January 23, 2012 After 5:00	
After Hours Set Up and Testing of Video Equipment on Video Conference Screen	150.00
Reporter - After Hours Set Up and Stand By	150.00
After Hours Video Conference Set-Up and Testing - Phone Calls and Testing Prior To Day of Deposition	150.00
Above Charges Reflect Late Cancellation of After Business Hours	
	CLIENT COSTS THE NOV 2135/2 AMY. C. 2-3-12
	DATE REC'D. 2-3-12
	OK-TO-PAY YES : 1.0
	REBATE BY:
	PAID CK NO. 0 16
	PAYER BY:
THANK YOU! TAX ID #81-0512162	Total \$450.00

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118 Broadway N., Suite 200  
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FAX 701-237-0298  
[reporters@ketchamcourtreporter.com](mailto:reporters@ketchamcourtreporter.com)

FEDERAL ID NO: 45-0425181

INV# : 12327  
DATE : 01/10/2012

CHRISTOPHER DECKER  
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620 High Park Way  
P.O. Box 4947  
Missoula, MT 59806

Kerstijn/FL

Mann  
vs  
Redman Van

Expert-Conf. Call

DATE TAKEN: 12/14/2011

## Deposition of Dr. Mariusz Zięjewski

One Copy  
22 Pages

Exhibit Fee - 240 pages \$ 0.00  
Exhibit pages = 240 x \$ 0.00

Postage 14.05

E-TRANS15, color copy 90.90 140.10

Conference Call 133.55

TOTAL AMOUNT DUE: \$ 291.70

### **CLIENT COSTS**

ME NO/2135/2 ATTY: Chiz

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DATE REC'D. / - / -

OK TO PAY: YES NO

REVIEWED BY

Paid Check No. 8125

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Helena, MT 59601

(406) 443-2010 E-mail: lcr@mt.net

Tax ID 20-8597953

**Invoice**

DATE
12/22/2011

INVOICE #
4271

**BILL TO**

Christopher L. Decker, Esquire  
Milodragovich, Dale, Steinbrenner  
& Nygren  
P.O. Box 4947  
Missoula, MT 59806-4947

CASE NAME	REPTR	DATE OF JOB
Mann v. Redman Van	RLR	11/29/2011
DESCRIPTION	PAGES	AMOUNT
Deposition of Al Calkin One Copy Exhibits	150	315.00
	358	107.40
<i>Case Closed 12/13/2011 Chkd Date Rec'd 12-23-11 On Behalf of: No Fees: \$422.40 Total: \$422.40</i>		
Please reference invoice number with payment.	<b>TOTAL</b>	\$422.40
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Invoice No.	Invoice Date	Job No.
208029	1/6/2012	160905
Job Date	Case No.	
9/14/2011	CV-10-128-M-DWM-JCL	
Case Name		
David K. Mann v. Redman Van & Storage Co.		
Payment Terms		
Due upon receipt		

One certified transcript of the trial testimony of:

Christine Wood, M.D.

292.41

**TOTAL DUE >>>**

**\$292.41**

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(-) Payments/Credits: 292.41

(+) Finance Charges/Debits: 0.00

(=) New Balance: \$0.00

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Invoice No. : 208029  
 Invoice Date : 1/6/2012  
 Total Due : \$ 0.00

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Job No. : 160905  
 BU ID : SD  
 Case No. : CV-10-128-M-DWM-JCL  
 Case Name : David K. Mann v. Redman Van & Storage Co.

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Invoice No.	Invoice Date	Job No.
207972	9/30/2011	161665
Job Date	Case No.	
9/14/2011	CV-10-128-M-DWM-JCL	
Case Name		
David K. Mann v. Redman Van & Storage Co.		
Payment Terms		
Due upon receipt		

Original and one certified transcript of the deposition of:

Christine Wood, M.D.

338.09

**TOTAL DUE >>> \$338.09**

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(-) Payments/Credits:	338.09
(+) Finance Charges/Debits:	0.00
(=) New Balance:	\$0.00

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Invoice No. : 207972  
 Invoice Date : 9/30/2011  
 Total Due : \$ 0.00

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Job No. : 161665  
 BU ID : SD  
 Case No. : CV-10-128-M-DWM-JCL  
 Case Name : David K. Mann v. Redman Van & Storage Co.

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Invoice No.	Invoice Date	Job No.		
207970	9/30/2011	161242		
Job Date	Case No.			
9/15/2011	CV-10-128-M-DWM-JCL			
Case Name				
David K. Mann v. Redman Van & Storage Co.				
Payment Terms				
Due upon receipt				

Original and one certified transcript of the deposition of:

Kalyani Korabathina, M.D.

244.29

**TOTAL DUE >>> \$244.29**

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(-) Payments/Credits:	244.29
(+) Finance Charges/Debits:	0.00
<b>(=) New Balance:</b>	<b>\$0.00</b>

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Invoice No. : 207970  
 Invoice Date : 9/30/2011  
**Total Due : \$ 0.00**

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Job No. : 161242  
 BU ID : SD  
 Case No. : CV-10-128-M-DWM-JCL  
 Case Name : David K. Mann v. Redman Van & Storage Co.

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Invoice No.	Invoice Date	Job No.
208034	1/6/2012	161714
Job Date	Case No.	
9/15/2011	CV-10-128-M-DWM-JCL	
Case Name		
David K. Mann v. Redman Van & Storage Co.		
Payment Terms		
Due upon receipt		

One certified transcript of the trial testimony of:

Kalyani Korabathina, M.D.

234.07

**TOTAL DUE >>** **\$234.07**

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(-) Payments/Credits: 234.07

(+) Finance Charges/Debits: 0.00

(=) New Balance: \$0.00

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Invoice No. : 208034  
 Invoice Date : 1/6/2012  
 Total Due : \$ 0.00

Remit To: Peterson Reporting Video & Litigation  
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Job No. : 161714  
 BU ID : SD  
 Case No. : CV-10-128-M-DWM-JCL  
 Case Name : David K. Mann v. Redman Van & Storage Co.

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Invoice No.	Invoice Date	Job No.		
207981	9/30/2011	161241		
Job Date	Case No.			
9/15/2011	CV-10-128-M-DWM-JCL			
Case Name				
David K. Mann v. Redman Van & Storage Co.				
Payment Terms				
Due upon receipt				

Original and one certified transcript of the deposition of:

Elizabeth Mann, Vol. 2

704.84

**TOTAL DUE >>>** \$704.84

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(-) Payments/Credits: 704.84

(+) Finance Charges/Debits: 0.00

(=) New Balance: \$0.00

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Invoice No. : 207981  
 Invoice Date : 9/30/2011  
 Total Due : \$ 0.00

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Job No. : 161241  
 BU ID : SD  
 Case No. : CV-10-128-M-DWM-JCL  
 Case Name : David K. Mann v. Redman Van & Storage Co.

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Invoice No.	Invoice Date	Job No.
207984	10/21/2011	161597
Job Date	Case No.	
9/16/2011	CV-10-128-M-DWM-JCL	
Case Name		
David K. Mann v. Redman Van & Storage Co.		
Payment Terms		
Due upon receipt		

DVD to the deposition of:

Mark McDonough, M.D./ TRIAL TESTIMONY

135.00

**TOTAL DUE >>>** \$135.00

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(-) Payments/Credits:	135.00
(+) Finance Charges/Debits:	0.00
(=) New Balance:	\$0.00

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Invoice No. : 207984  
Invoice Date : 10/21/2011  
Total Due : \$ 0.00

Job No. : 161597  
BU ID : US  
Case No. : CV-10-128-M-DWM-JCL  
Case Name : David K. Mann v. Redman Van & Storage Co.

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Invoice No.	Invoice Date	Job No.
208036	1/6/2012	161716
Job Date	Case No.	
9/16/2011	CV-10-128-M-DWM-JCL	
Case Name		
David K. Mann v. Redman Van & Storage Co.		
Payment Terms		
Due upon receipt		

One certified transcript of the trial testimony of:

Mark McDonough, M.D.

359.32

**TOTAL DUE >>> \$359.32**

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(-) Payments/Credits: 359.32

(+) Finance Charges/Debits: 0.00

(=) New Balance: \$0.00

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Invoice No. : 208036  
 Invoice Date : 1/6/2012  
 Total Due : \$ 0.00

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Job No. : 161716  
 BU ID. : SD  
 Case No. : CV-10-128-M-DWM-JCL  
 Case Name : David K. Mann v. Redman Van & Storage Co.

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Invoice No.	Invoice Date	Job No.
207967	9/30/2011	160906
Job Date	Case No.	
9/16/2011	CV-10-128-M-DWM-JCL	
Case Name		
David K. Mann v. Redman Van & Storage Co,		
Payment Terms		
Due upon receipt		

Original and one certified transcript of the deposition of:

Mark McDonough, M.D.

546.34

**TOTAL DUE >>>** **\$546.34**

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(-) Payments/Credits:	546.34
(+) Finance Charges/Debits:	0.00
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Invoice No. : 207967  
 Invoice Date : 9/30/2011  
 Total Due : \$ 0.00

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Job No. : 160906  
 BU ID : SD  
 Case No. : CV-10-128-M-DWM-JCL  
 Case Name : David K. Mann v. Redman Van & Storage Co.

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Invoice No.	Invoice Date	Job No.
210309	1/16/2012	164501
Job Date	Case No.	
1/9/2012	CV-10-128-M-DWM-JCL	
Case Name		
David K. Mann v. Redman Van & Storage Co.		
Payment Terms		
Due upon receipt		

### 1 CERTIFIED COPY OF TRANSCRIPT OF:

Tal David, M.D.

541.09

**TOTAL DUE >>> \$541.09**

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Invoice No. : 210309  
 Invoice Date: 1/16/2012  
 Total Due : \$ 0.00

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Job No. : 164501  
 BU ID : SD  
 Case No. : CV-10-128-M-DWM-JCL  
 Case Name : David K. Mann v. Redman Van & Storage Co.

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Invoice No.	Invoice Date	Job No.
210300	1/16/2012	164502
Job Date	Case No.	
1/9/2012	CV-10-128-M-DWM-JCL	
Case Name		
David K. Mann v. Redman Van & Storage Co.		
Payment Terms		
Due upon receipt		

Synchronized DVD to the deposition of:

Dr. Tal David

285.00

**TOTAL DUE >>>**

**\$285.00**

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(-) Payments/Credits: 285.00

(+) Finance Charges/Debits: 0.00

(=) New Balance: \$0.00

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Invoice No. : 210300  
 Invoice Date : 1/16/2012  
 Total Due : \$ 0.00

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Job No. : 164502  
 BU ID : US  
 Case No. : CV-10-128-M-DWM-JCL  
 Case Name : David K. Mann v. Redman Van & Storage Co.

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Invoice No.	Invoice Date	Job No.		
210342	1/16/2012	164533		
Job Date	Case No.			
1/10/2012	CV-10-128-M-DWM-JCL			
Case Name				
David K. Mann v. Redman Van & Storage Co.				
Payment Terms				
Due upon receipt				

### 1. CERTIFIED COPY OF TRANSCRIPT OF:

William Holland, M.D.

253.15

**TOTAL DUE >>> \$253.15**

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(-) Payments/Credits: 253.15

(+) Finance Charges/Debits: 0.00

(=) New Balance: \$0.00

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Invoice No. : 210342  
 Invoice Date : 1/16/2012  
 Total Due : \$ 0.00

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Job No. : 164533  
 BU ID : SD  
 Case No. : CV-10-128-M-DWM-JCL  
 Case Name : David K. Mann v. Redman Van & Storage Co.

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Invoice No.	Invoice Date	Job No.
210340	1/16/2012	164534
Job Date	Case No.	
1/10/2012	CV-10-128-M-DWM-JCL	
Case Name		
David K. Mann v. Redman Van & Storage Co.		
Payment Terms		
Due upon receipt		

Synchronized DVD to the deposition of:

William C. Holland

270.00

**TOTAL DUE >>> \$270.00**

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(-) Payments/Credits: 270.00

(+) Finance Charges/Debits: 0.00

(=) New Balance: \$0.00

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Invoice No. : 210340  
 Invoice Date : 1/16/2012  
 Total Due : \$ 0.00

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Job No. : 164534  
 BU ID : US  
 Case No. : CV-10-128-M-DWM-JCL  
 Case Name : David K. Mann v. Redman Van & Storage Co.

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Daniel Alzheimer M.D.  
PO Box 688  
Sheridan, WY 82801

DATE: 08/29/11  
INVOICE

Bill To: MILODRAGOVICH, DALE, SCHNEIDER & NYGREN P.C.  
ATTN: CHRIS DECKER  
PO BOX 4947  
620 HIGH PARK WAY  
MISSOULA, MT 59806-4947  
406-728-1455 ( office ) 406-549-7077 ( fax )

ENTERED

DESCRIPTION	CHARGES
MEDICAL REVIEW OF : MCKENZIE MANN	
Review of Brain Spect 05/24/11	\$ 150.00
Literature Search Brain Trauma & Spect Imaging ( 1 hour at \$ 400.00 / hour )	\$ 400.00
Letter to Chris Decker ( 1/4 hour ) No 1/2 135/2 ATTY: <i>Chris D</i>	\$ 100.00
DATE REC'D: <i>9-12-11</i>	
OK TO PAY: YES <input checked="" type="radio"/> NO <input type="radio"/>	
REVIEWED BY: <i>CD</i>	
PAID CK NO: _____ DATE: _____	
FILED BY: _____	\$ 650.00
TOTAL:	

Please make check payable to :  
Daniel Alzheimer M.D.  
PO Box 688  
Sheridan, WY 82801

REGARDING THE ATTACHED BILL

# INVOICE

COST/MOPPICE  
FILE NO. 1213512 ATTY CM/KD  
DATE REC'D. 1/1/12  
OK TO PAY: YES  NO   
GL# \_\_\_\_\_ AUTH BY CD  
DATE TO PAY \_\_\_\_\_

DANIEL ALZHEIMER M.D.  
P.O. Box 688  
Sheridan, WY 82801

DATE: 01/05/12

**Bill To:** MILODRAGOVICH, DALE  
STEINBRENNER & NYGREN, PC  
ATTN: CHRIS DECKER  
PO BOX 4947  
MISSOULA, MT. 59806

**For:**  
MEDICAL REVIEW

DESCRIPTION	RATE	AMOUNT
<b>McKanzie Mann case:</b>  Review pertinent literature 4hrs @ \$500/hr		\$ 2,000.00
Review prior to deposition 2hrs @ \$500/hr		\$ 1,000.00
	<b>TOTAL</b>	<b>\$3,000.00</b>

THANK YOU FOR YOUR BUSINESS!

SCANNED

# INVOICE

Daniel Alzheimer M.D.  
PO Box 688  
Sheridan, WY 82801

DATE: 01/31/2012  
INVOICE

**Bill To:** MIODRAGOVICH, DALE, SCHNEIDER & NYGREN P.C.  
ATTN: CHRIS DECKER  
PO BOX 4947  
620 HIGH PARK WAY  
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DESCRIPTION	CHARGES
MEDICAL REVIEW OF : MCKENZIE MANN	
Book on Brain Injury	\$157.49
Travel to Missoula -mileage @ 0.44/mile (962 miles)	\$ 423.38
14 hrs @ \$250/hr	\$ 3,500.00
Meet with Chris Decker ( x 2 : 10 <sup>th</sup> & 27 <sup>th</sup> )	\$500.00
Phone meeting with Dr. Warman 1.5 hrs	\$750.00
Review - Jan 27 <sup>th</sup> ( 4 hours)	\$ 2,000.00
Review Hipscombs prior testimony ( 3.5 hrs @ \$ 500/hr)	\$ 1750.00
Article acquisition & review ( 6 hours @ \$ 500 /hr)	\$ 3,000.00
TOTAL	\$12,080.87

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